Report of the Medical Officer of Health for the year 1992

REPORT OF THE MEDICAL OFFICER OF HEALTH
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FOR THE YEAR 1992

Presented to the States on 8th June, 1993
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STATES OF JERSEY

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1993

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INTRODUCTION

To the President and Members of The Public Health Committee

Mr President, Ladies and Gentlemen; I have pleasure in submitting my Annual Report for 1992.

Smoking and health

In 1939 the States of Jersey adopted Regulations to prevent the use of tobacco by children under the age of 16 years in order to protect their physical development. Those Regulations were in effect for only three years.

It has taken exactly 50 years and a considerable amount of effort to, in effect, bring those Regulations back into law. The amount of medical and social evidence on the harm of cigarette smoking in young children has increased to enormous proportions since those days and yet, in spite of all the evidence, there was a noteworthy amount of resistance in the States to the re-introduction of the law.

The promotion and protection of health is not unfortunately a self evident truth and progress in these matters is frequently determined by compromise to the lowest level of activity.

During 1992 the Public Health Committee and the Guernsey Board of Health concluded a voluntary agreement with the Channel Island Tobacco Importers Association in order to curtail the promotion and advertising of tobacco products. Given the opposition to things like the prohibition of sales to children, this agreement was as far as we could reasonably hope to go at the present time. Any further progress on the limitation of advertising of these highly dangerous products will probably be determined by outside agencies such as the European Community.

There is a faint ray of hope that past efforts on health promotion are starting to pay dividends as the rate of lung cancer in males increased annually from the 1950's up to the 1970's but there are indications of a slight decrease in that trend. Let us hope that this really is the 'turn of the tide' for male lung cancer.

Women, in terms of smoking, are one or two decades behind the men and the increase in female lung cancer continued until the early 1980's. The decline in female rates is not as clear cut as for men, and at the present time there is a worrying high rate of smoking amongst women, and of young women taking up smoking. At the present time, lung cancer incidence in proportional terms are worse for women than for men.

Mental Health

Mental disorders are a major cause of morbidity and, in terms of years of life lost (taking average expectation of life as 75 years) are a considerable cause of mortality. Dementia at 60 years has a prevalence of the order of less than 1%, but the rate doubles approximately every five years so that in the very elderly there are considerable problems of dementia. We need to find the right balance between prevention, treatment and rehabilitation.

In order to achieve this balance the division of responsibility between individuals, governments and voluntary agencies must be achieved. The necessary information must be available to all parties so that they may exercise informed choice.

Suicide

A dividend that might accrue from improving mental health would be a reduction in the tragic loss of life due to suicide, which contributes a considerable proportion of the premature years of life lost.

Breast screening service

The mammography (breast screening) service has now been going for three years, but it was only towards the end of this current year that the call and recall computer system was up and running. This system should considerably assist us in keeping track of our clients, reduce some of the tedious clerical work involved in running this service, and ultimately should greatly assist in auditing and assessing the success of the service.

At the present time we are still expending much effort in persuading women in the 50 - 64 eligible age group to come forward for screening, and as yet we have found no accurate way of finding names of women who are not on our client files in order to offer them an invitation to attend the service.

Decisions will shortly have to be made as to whether more resources should be committed in order to reduce the interval between screenings.

Abortion

There was a slight reduction in the number of abortions carried out on Jersey residents in the United Kingdom during 1991 (the latest available data). This would have been the first year in which the results of increased publicity and the availability of family planning would have shown up, but there have been so many other factors - such as the downturn in the economy and the reduction in the number of seasonal workers - that could have also contributed to this reduction. It does, however, illustrate the point that even with relatively cheap and easy assess to family planning services there is still going to be a demand for abortion for the forseeable future.

Discussions have been taking place on an abortion law, but the issue has still to be opened up for general debate before any further progress can be made.

Increasing elderly population

The average age of death is slowly increasing, giving rise to an increasing number of elderly people. The actual proportion of elderly persons in the population could rise even more if younger people move away in search of better opportunities. As the population ages the amount of disability increases, and significant among these is the ability to get around the home and the Island in general. There is always likely to be a demand for highly specialised means of access for the elderly and disabled, but the time is surely right for homes, transport and other facilities to be made more 'user friendly'. The general population would not be disadvantaged by these improvements, but the frail and handicapped would benefit enormously. The vicious circle of isolation and dependancy would be broken, so that people could lead active and healthy lives in their community.

The legal position

Much can be done to improve community life without having to resort to legislation, but in most societies the protection of the public is, in the final analysis, enshrined in law and protected by the Courts. Over the last few decades an enormous amount of legislation has been enacted in Jersey, but social legislation and, in particular, public health legislation has been sadly lacking. The Food and Drugs Law dates back to 1966; the Pharmacy, Poisons and Medicines Law to 1952; the Establishments for Massage or Special Treatments Law to 1938 and the Public Health Law itself to 1934.

In spite of attempts over more than a decade there is still no Medicines Law in existence. To a large extent the Island is being protected as most people try to act in a responsible way, and many of our consumables are imported from countries that have their own standards in law. One hopes that this situation will continue, but we really should put our own house in order and keep it in order, and this requires that Jersey enact the necessary legislation to protect the public health.

Acknowledgements

In conclusion I would wish to extend my sincere thanks to the President and members of the Public Health Committee for their interest and support in the work of the Community Health Service.

I also wish to record my appreciation of the constant support provided by all members of the department, and the help of the Editorial Team and secretarial staff in the production of this Report.

C R Grainger

Medical Officer of Health

HEALTH PROMOTION

The promotion of good health in the community at large remains a very considerable challenge. It is part of the national agenda, as highlighted by the publication of the British Government's "Health of the Nation" which sets ambitious targets for health for the coming decade.

The proliferation of books, magazines, newspaper articles and other media reports indicates a notable interest in health related topics and the importance of individual effort in the maintenance and promotion of health. At individual, group and community level the importance of good health appears to be acknowledged. Yet large numbers in the population continue to smoke tobacco, use alcohol and other drugs excessively, eat an unhealthy range of foods and fail to take adequate exercise which will ensure a level of physical fitness which facilitates the demands of everyday life.

The knowledge of what constitutes a healthy life is almost universal, the mental attitude in many is that change is necessary, yet in the end, the troublesome and problematic behaviours remain unchanged for large numbers in the population. The seed bed for change has been sown over a number of years of persistent campaigning and the challenge for health promotion is how to reap the harvest, which will enhance the quality of life and minimise the risk of clearly preventable disease in the population as a whole.

Health Promotion Campaigns

One ingredient in the promotion of health is the organised day, week or month which is focused on a given area of concern. As well as local events we join with National, European and World campaigns to draw attention and focus interest upon a specific topic.

The most notable event in 1992 was the first ever World Health Day which was held in April. In conjunction with Fort Regent we organised a massively successful all day event at the Fort. It was attended by an estimated 10,000 people who participated in sporting activities, games, health checks and received information from numerous advice centres. Information from the National Headquarters of the event in London later indicated that Jersey had the highest per capita involvement in this event in the whole country.

World AIDS Day was also a high profile event for the first time, with co-operation from discotheques, local shops and companies and the distribution of some 3,000 red ribbons - the international symbol of concern about AIDS. A conference for health care workers, an information stall at Highlands College and outside a large store in town, and a quiz competition at various sporting venues were amongst the projects to highlight the day. Press coverage was comprehensive and included an illuminating lunchtime radio show which involved an informative presentation from a very articulate AIDS sufferer.

The quiz competition revealed a satisfying high level of knowledge about the transmission of the HIV virus, which is a useful measure of the success of earlier work aimed at communicating this message.

National No Smoking Day in March is now an established highlight in the Health Promotion calendar. Extensive media coverage to encourage people to give up for the day evoked much interest. An encouraging number of restaurants designated No Smoking areas for the day. A novelty item of presenting "Born Smoke Free" bibs in the Maternity Unit at the General Hospital was imaginative and two of the photographs taken at the time featured in the national publicity in the follow up to the day's campaign.

There is abundant evidence that a large proportion of smokers are, at any point in time, contemplating giving up smoking. This event is frequently the catalyst which enables many of them to 'have a go'. Additionally, the day allows for further publicity on the harmful effects of passive smoking. It is thus of interest to non-smokers as well as smokers - in other words, to all of us.

Drinkwise Day continued with the theme of encouraging sensible drinking and reiterating what are sensible drinking limits for men and women. It is interesting that in the British Isles we now regard this approach to limiting the potential harm of alcohol as the golden route to success. Some other countries view it as an encouragement to alcohol use. However, the proof of the pudding is in the eating, and we are now seeing both in Britain and in Jersey a reduction in per capita consumption of alcohol.

One local licensed establishment worked with the Health Promotion Unit on the day to make drinkers more aware of recommended safe limits of consumption. Leading supermarkets agreed to promote low and no alcohol beers and lagers during the week of the event, whilst at Highlands College students were given the opportunity to try non-alcoholic lagers. Once more our local media gave zest and considerable exposure to the day.

In collaboration with the Environmental Health Unit we staged a local initiative on the theme of "**Eating for a Healthy Heart**" as part of the Department of Agriculture and Fisheries Trade Show, which lasted over two extremely busy days in September. The focus was on simple, healthy packed lunches with free information and tasters to add to the attractions. The show attracted some 12,000 visitors and many of them stopped off at our stall.

Health Promotion and Materials

An essential ingredient in the support of those involved in encouraging good health in schools, youth clubs, hospitals, clinics and workplaces is a high quality supply of appropriate resource materials to assist in delivering the messages. Our unit possesses an admirable range and variety of such materials and, more importantly, knowledgeable advice on resource selection.

A good measure of health promotion activity in the community at large is the extent to which the resources are borrowed, copied or utilised in other ways. In 1992 we witnessed a virtual doubling of such usage over the previous year and a four fold increase between 1989 and 1992. Repeat visits and usage of the service by a wide range and diversity of people indicates a good level of customer satisfaction by those who seek advice from the unit. A well attended Open Day was held in November with a range of special displays on view.

Education and Training for Health Promotion

Acknowledging the need to have a network of well informed health educators in as many settings as possible, a Health Education Certificate programme was offered to twelve students during the year. Our local unit was validated by the Health Education Authority to run this certificate course using a distance learning method in association with a polytechnic in the UK. All students were successful on the course and the programme will be repeated in 1993. This represents the most significant extension of health education potential ever undertaken in the Island.

Unit staff also contribute to the education programmes of a wide range of professional groups undergoing training or participating in continuing education projects. In the nursing profession alone, staff contributed to courses for student nurses, those on the conversion course to become Registered General Nurses as well as on the ENB course for nurses working with the elderly. In the educational arena courses and workshops were offered to teachers and others on drugs education, HIV / AIDS, stress management and a whole range of health related topics. Evening sessions were also available to parents in many primary and secondary schools.

Lifestyle Advisory Service

This service, which offers assessment of physical fitness and collects data on relevant lifestyle behaviours, with a graduated programme of recommended activities, continues to be extremely popular and in considerable demand. The service is offered on site in workplace settings and our Lifestyle Advisory Officer is able to give advice to individuals and managers on personal and organisational change geared to healthier lifestyles. Individual sessions are also available for members of the public on a regular basis.

The service is viewed as an additional prompt for those who are contemplating a healthier lifestyle, and who need the additional motivational impetus to get them started and to provide them with realistic goals and targets at which to aim.

Supporting the Lifestyle Advisory Service we have established our Healthy Lifestyle network of trained tutors who can offer courses to promote such lifestyles. In 1992 a total of 23 such courses, with about 300 participants, were successfully completed.

Smoking Cessation Clinics

As part of the continuing assistance for smokers who wish to stop, but find it difficult without support, we are now able to offer the opportunity to join a smoke stop group. This utilises the range of approaches to assist the smoker to give up which research indicates to be the most useful. For those who feel uncomfortable with group work, individual help / counselling is also available. In addition a range of literature giving information and advice about smoking with other support materials is available for individuals, groups or organisations.

Work in Education Settings

The image of the Health Education Officer moving from school to school and giving presentations on health topics is now viewed as a less effective way of delivering such education. In its place we aim to support, train and resource those adults in regular contact with the target group, e.g. teachers, playgroup staff, and youth workers in order that they can deliver effective health education which is relevant, timely and continuing.

The importance of health education for ever younger groups was highlighted this year with the introduction of a new resource for primary schools. "Skills for the Primary School Child" has been produced by TACADE and is now available in all of our primary schools. The teaching materials and necessary aids have been financed and sponsored by the Jersey Lions Club. It is a lively, well researched and highly relevant introduction to the whole field of health education for younger children.

Communication with other Health Promoters

During the year we have kept people up to date with what is happening in the world of health promotion through regular meetings with representatives from a wide range of health related disciplines. Additionally this communication is extended by the production of our regular newsletter "Options". Regular input into the local media, in particular the radio and the JEP, provides an invaluable channel for communicating health messages to the general public.

Alcohol and Drug Service

This service was established in 1988 in response to the perceived need for additional and specialised help with substance abuse problems - largely alcohol misuse. Evidence from a plethora of social and medical agencies and data from the Impôts Department all indicated that the consumption of alcohol was at a high level indeed, significantly higher than in the UK, but less than in France and a number of European countries. We were, and continue to be, in the first division when it comes to drinking alcohol. In 1988 the use of illicit drugs, at least such use as appeared to cause problems to people, was at a relatively low level. This has certainly changed in the interim and by 1992 almost a quarter of all referrals were of individuals with illicit drug problems (See Table 6-1).

In 1989 we introduced the relatively untried but extremely economical approach of helping with severe problems of alcohol dependents to be detoxified or withdrawn from alcohol without admission to hospital. The process is carried out at home over a 7 to 10 day period with the medical supervision of the family doctor and daily visits from members of our staff. The outcomes are good and a survey of those who used this service in 1990 indicated high levels of satisfaction.

More than sixty individuals per year are now detoxified using this approach which many now agree is the method of choice for detoxification in a large proportion of alcohol dependent individuals.

It certainly appears to be acceptable to the clients, is resource effective and produces an acceptable health gain for many who use it. These are crucial criteria in a cost conscious and person centered medical / social service.

The service additionally offers advice, information, brief interventions and longer term counselling / therapy to those who need it. Access is made as easy as possible, and whilst the majority are referred to us by another agency, e.g. family doctor, hospital consultant or other social agency, a pleasing minority (approximately 20%) are self referrals or originate from a concerned third party, usually a spouse or other family member.

The traditional difficulty with individuals with alcohol problems has been that they are not seen in health care settings until they have reached a very advanced stage in their drinking history. By then they have often lost their job, their spouse, the network of worthwhile relationships and their self respect. By this stage many feel there is little reason to stop drinking. Our aim has been to encourage referral at an earlier stage when the prospects of a better outcome are higher. Measures of levels of dependency on alcohol indicate an encouraging move towards earlier referral in a substantial proportion of those who come our way. This probably reflects a growing public awareness of recommended sensible drinking limits, which give people objective criteria against which they may measure their own drinking. Additionally, questions about personal drinking habits are increasingly a standard topic during a medical check-up.

The year has witnessed a worrying increase in referrals of individuals with significant drug problems. In previous years we were largely seeing recreational drug users who happened to get into trouble with the law. In 1992 the picture changed noticably and many of those we saw had problems of significant dependence. They are largely men aged between late teens and early thirties - and they are not seasonal or itinerant workers but long term local residents. The typical history is of starting drug use at a very early age, becoming involved with a social group where drug use is the norm and eventually finding that drugs have become an indispensible part of the daily routine.

Cannabis remains the most popular drug for large numbers but the drugs causing significant health and social problems to individuals appear to be the amphetamines, and latterly and worryingly, the opiates.

In addition to assessment, counselling and treatment the service offers talks, lectures and presentations on topics in the drug and alcohol field to a range of groups in the health and education fields, as well as to voluntary and other interested groups. We also have links with other agencies in the area of drugs and alcohol, including the Jersey Council on Alcoholism, the Shelter Trust, Alcoholics Anonymous annd Narcotics Anonymous.

ENVIRONMENTAL HEALTH

Introduction

The Environmental Health Section is concerned with the inter-relationship between people, their health, safety, welfare and natural and built environments including the impact of science, technology and socio-economic conditions.

We wish to ensure that the general public enjoy a safe and healthy environment. To achieve this objective the section has a role in education, supply of information and advice, and the enforcement of public health legislation and codes of good practice.

The primary role is to protect human health, and to maintain, protect and enhance the quality of life of residents and visitors in Jersey. The Island has a high degree of dependence on tourism and the export of large quantities of agriculture produce to other countries, and it is imperative that high standards of health and hygiene are maintained.

Public health strategies are long term and programmes of monitoring of the conditions of nature need to be continued to assess trends and prevent conditions detrimental to health developing. The concept of prevention rather than cure remains at the forefront of our management and action plans. Much remains to be accomplished in the field of environmental health.

Food Hygiene & Safety

The policy is to minimise the risk to human health due to the consumption of unsafe food and drink.

The Environmental Health Section has endeavoured to maintain a high profile in food hygiene and food safety enforcement including training of staff employed in the food and catering industries. In liaison with Highlands College, the Section has been actively involved in the promotion of the Institute of Environmental Health Officers Basic, Intermediate and Advanced Food Hygiene Certificate Courses.

Our contact with the Chinese Community was maintained during 1992 by the promotion of a further course in Cantonese by a private hygiene consultancy organisation. Courses are of immense importance particularly where the participants may have difficulty in understanding English.

Food inspections were again given high priority and targets for individual Officers were discussed and set. Routine work is often interrupted by reactive work which continues to form a substantial part of the workload. In 1992, 897 inspections were carried out.

Food Complaints

124 food complaints were received during the year. Details of complaints and the number of prosecutions is listed in table 7-1.

Port Health

A full Port Health service is not available and it will become increasingly difficult from the 1st January, 1993 to monitor and control the import of foodstuffs into Jersey.

In the past the Environmental Health Section has relied heavily upon the agency work carried out by the Customs Officers but this service cannot be provided ad infinitum and, although it has worked reasonably satisfactorily, it cannot substitute for a specific Port Health function. The implementation of the Single European Act and the promotion of the Single European Market will have a significant impact upon both exported and imported food operations carried on within Jersey.

Food consignments will be able to pass through frontiers on correct health documentation, with fewer physical inspections of consignments being made. It will become increasingly important to provide adequate protection to the health of the people of the Island.

Milk and Dairies

The Milk and Dairies (General Provisions) (Jersey) Order, 1992 was finally put onto the statute book and will be operative from the 1st January, 1993.

From and including that date all reports of inspections made by ADAS officers employed by the Agriculture and Fisheries Department on an agency basis will be sent direct to the Public Health Committee for their consideration.

Gastro-Intestinal Disease

1992 has been a disappointing and worrying year. Confirmed cases of food poisoning and outbreaks have demonstrated upward trends despite efforts to educate people in food hygiene and food safety and increased inspections of premises.

Exercise of due diligence by all persons involved in the handling of food are important if we are to reverse the unsatisfactory upward trend being demonstrated this year (see table 7-2).

Salmonella and Campylobacter infections were the two main causative agents for gastro-intestinal disease.

Environmental Health Legislation

A relationship has been established with the health authorities in Guernsey and progress in the harmonisation on the technical content of food and pollution laws is being made. By this corporate approach it is hoped the process of legislation within both Islands will be greatly expedited and use of scarce resources will be to the maximum effect.

Local food legislation will move towards harmonisation with that of the UK and the European Community in accord with the policy of the Policy and Resources Committee.

Pollution

The Section continues to process complaints concerning pollution from the general public, and advises on remedial measures wherever possible.

Officers have been actively involved in the monitoring of noise complaints and the Section has been instrumental in successful prosecutions where noise has been considered to be excessive.

Monitoring programmes in strategic areas need to be continued. The collection and the interpretation of data over long periods of time is essential to assess trends and have a sound base for advising on the remedial action to prevent any detrimental impact upon the environment.

Water Supply

Most of the work undertaken in this area is sampling from private wells and boreholes as a result of enquiries by the general public.

Private water supplies in food establishments continue to be sampled as part of the hygiene assessment of premises.

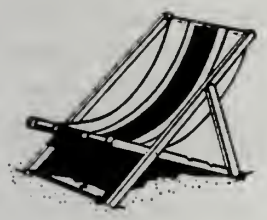
The balance between the quality of the Island water resources and the disposal of sewage into the ground remains a delicate one requiring constant monitoring. Gradual improvement in water quality should occur with the extension of main drainage and the Island Development Committee's policy of not allowing development on conservancy systems except under exceptional circumstances. The Public Health Committee continue to support this important policy.

For water sampling results see table 7 - 3.

The Department continues to monitor several wells and bore holes on a routine basis.

The present results show no increase in the nitrate levels or the salinity of coastal bore holes. There is a need to promote policies designed to prevent pollution and conserve available resources. The Public Services Committee have taken to the States a report on the management of the Island's water resources.

Sea Water (Bathing Beaches)



Bathing beaches were monitored throughout 1992 at ten locations and full co-operation occurred between the Environmental Health Section and the Public Services Department in order to ensure that the beaches were sampled at least weekly over the full extent of the holiday season.

It is gratifying to note that the results of the water samples indicated that the bathing beach water was indeed of a high quality. (see table 7-4).

A meeting is planned to take place between all concerned - microbiologists, Environmental Health Officers, and staff from Public Services Department - in order to 'fine tune' the existing sampling regimes and protocols.

Sewage and Sewage Disposal

The Section continues to act as adviser to the Sewer Working Party which reviews the criteria for sewer extensions within the Island.

The policy of extending sewers must run in conjunction with a concerted and determined policy to prohibit further development on conservancy systems except where exceptional circumstances prevail. Not to pursue such a policy on this small Island would be building up immense problems for future generations.

Housing and Development

Housing is a prime determinant of health. The Section consults with the Development Control Officers of the Island Development Committee in order to promote the Code of Practice for Seasonal Workers Accommodation. All plans submitted for staff accommodation are vetted by the Environmental Health Section.

Liaison with the Housing Department also takes place to ensure that the standards in the Code of Practice are applied to new lodging houses and that existing lodging houses subject to substantial redevelopment also meet the criteria.

The Section is involved in some housing inspections where applications have been submitted to the Medical Officer of Health for re-housing on medical grounds.

Officers monitor housing for overcrowding, and for defects. Where defects are of such magnitude that they render the house unfit and not repairable at reasonable expense, then the Public Health Committee are asked to impose Closing or Demolition Orders.

The Section continues to comment upon planning and development applications where they relate to designated premises.

CLINICAL SERVICES

1. Pre-School Health Service

All children in Jersey are included in a programme of child health surveillance. This involves monitoring physical, social and emotional health; offering advice and arranging referral for treatment when necessary; preventing disease by immunisation; and promoting healthy life styles.

A recommended programme of routine examinations and immunisations from birth to four years of age is carried out by health visitors and clinic doctors working for the Family Nursing Services; by clinic doctors working for the Community Health Service; and by some general practitioners. The programme is as follows:

(i) A neo-natal examination is carried out by the paediatrician in the Maternity Unit and a BCG immunisation (to protect against TB) is given in the first week.

(ii) A six-week examination is carried out by the clinic doctor at the Infant Welfare Clinic or by the general practitioner.

(iii) Three primary immunisations against diphtheria, tetanus, whooping cough and polio are carried out at 2 months, 3 months and 4 months of age by the clinic doctor or general practitioner. The new vaccine for Haemophilus Influenzae B which became available in December, will also now be included in this same programme.

(iv) A hearing test is carried out by the health visitor at 7/8 months of age.

(v) A 9-month examination is carried out by the clinic doctor or general practitioner.

(vi) Measles/mumps/rubella (MMR) immunisation is carried out by the clinic doctor or general practitioner between 12 and 15 months of age.

(vii) A developmental assessment is carried out by the health visitor/clinic doctor or general practitioner between 18 months and 2 years of age.

(viii) A developmental medical examination is carried out by the clinic doctor at nursery/playgroup between 3 and 4 years of age, and this is part of the Pre-School Health Service.

A total of 932 children were examined in nurseries and playgroups in 1992, as shown in Table 8-1.1. There were 164 children (17%) who needed specialist referral, as shown in Table 8-1.2 and most of the referrals were to the eye clinic. Other referrals were to the E.N.T. clinic, speech therapy clinic and genito-urinary surgical clinic.

Parent-held Child Health Records were successfully introduced in October this year. The parents of a newborn baby receive this "record" from the health visitor at the ten-day post-natal visit, and are fully instructed in its use. Each record contains the above child health surveillance programme which is filled in appropriately by doctors, health visitors, parents and other care professionals.

Carbon pages of the respective examinations and immunisations are returned to the Community Health Services to be held on file for input to the Child Health Computer at a later date. Each record also contains a useful section on health education, including feeding and general medical advice.

The parents therefore become the sole record-holders of their child's development, and the aims of these records are:

(i) To encourage parents to be more responsible for their child's health, growth and development.

(ii) To allow professionals, e.g. doctors, to share information they hold on a child's health, growth and development with the parents.

(iii) To allow the sharing of such information with other professionals involved in the care and welfare of the child, i.e. general practitioners, dentists, community clinic doctors and hospital consultants.

(iv) To enable the Community Health Services to hold management data on every child.

Haemophilus Influenzae B vaccine, which protects against a form of meningitis, croup, joint and bone infections and pneumonia, became available at the end of this year and was introduced initially in the immunisation programme in December to all babies born from August, 1992 onwards. With the increasing availability of stocks it is anticipated that during 1993 the programme will be extended to vaccinate all children up to 4 years of age.

The provision of a child health computer system was recommended by the working party this year to include the creation of a database from existing manual files already held on pre-school and school aged children. This would enhance the early detection of children at risk by scheduling appointments and recalls for developmental medical examinations, vision and hearing tests. It would also improve the uptake of the immunisation programme by the scheduling, recalling and recording procedures. The child health surveillance programme carried out by the Community Health Service, Family Nursing Services and general practitioners would thus be co-ordinated, and the necessary statistics for evaluation and service development would be provided.

2. School Health Service

The School Health Service continues the child health surveillance programme, ensuring the healthy development of children. The programme for medical examinations, vision and hearing testing and immunisations is as follows:

(i) 4½ / 5½ years of age - all children in their first year of primary school are offered routine medical examinations, vision and hearing tests, and booster diphtheria, tetanus and polio immunisations.

(ii) 6 / 7 years of age - all children have vision tests.

(iii) 10 years of age - all children have vision and hearing tests; some children are selected for medical examinations following a parents' questionnaire.

(iv) 13 / 14 years of age - all children are offered medical examinations, vision and hearing tests; booster tetanus and polio immunisations and BCG skin tests to check on their TB immunity.

(v) Any age - children may be seen annually for vision and hearing re-checks; children may be seen at any age if requested; likewise, children with chronic medical conditions may have more regular check-ups.

The percentage of children who needed specialist referral remained about 7%. These referrals were mainly to the optician and eye clinic; and some to the E.N.T. clinic and speech therapist as shown in Table 8-2.3.

Immunisation uptake in the appropriate age group for diphtheria, tetanus, polio and rubella remained good, but more accurate results will be obtained with a child health computer, which should lead to even better uptake.

There are now three full-time school nurses working with the sessional clinic doctors in the School Health Service, organising the health surveillance and immunisation programmes and carrying out the vision and hearing tests. The school nurses are also involved in the field of health promotion, liaising with the schools and the Health Promotion Unit. They give talks on healthy life-styles to primary school children and offer advice and support to teachers, parents and secondary school children, where necessary, on various aspects of health education. A survey on the number of school children who are enuretic (bed wetters) is due to be carried out next year by the school nurses, together with proposals for treatment, referral and follow-up.

3. Speech Therapy Service

The profession of speech-language therapy devotes itself to the enrichment of communication skills and opportunities for a wide variety of individuals from infancy to old age.

Speech-language therapists include as part of their therapy resource other rehabilitation staff, medical and educational personnel, social services, other patients, employers, friends and volunteers. It is this aspect of the profession which is being developed more and more. However, there is a fine balance to be maintained between individual face to face treatment and general support.

The service in Jersey came into existence in 1963, when most patients referred were children. Only two sessions were used for the treatment of adults.

As the needs were identified in other areas, e.g. Children with Special Needs, who were the first "extra" patient group to be included in the service, so the sessions were adapted to accommodate the demand. The establishment has now increased to 5.7 Speech & Language Therapists.

The Year 1992

The waiting list for initial consultation now stands at around three months following referral. The mass assessment clinic, involving two therapists, took place for one week in April. It took the form of a joint assessment, with one Speech & Language Therapist playing with and observing the child, the other Speech & Language Therapist taking a detailed case history. Currently, there are 51 children on the waiting list for consultation. The number waiting for regular therapy is noticeably reduced to two.

The presence of 5.7 Speech & Language Therapists has helped to make more people aware of what the service can offer, together with the attention which was drawn to the Department by a review in March by an independent Speech & Language Therapist from the Department of Health.

Two rooms are allocated for the exclusive use of Speech & Language Therapists at Le Bas Centre. Clinical accommodation remains a problem, as there is no longer a clinic base available at the General Hospital. The implications of this shortage are more in evidence during the school holidays. A review was conducted in December on the administrative support for the service.

Speech & Language Therapists participated in further training in many clinical aspects of the profession, including play-based language, counselling, autism, swallowing and hearing impairment.

The Future

If the recommendations to the Department of Health are adopted, then restructuring may occur. There are far-reaching implications on the long-term planning of the service.

4. Family Planning Service

Family planning advice and contraception need to be readily available to all who require it, if we are going to reduce the number of unwanted pregnancies and abortions. This service is provided by both general practitioners and community health family planning clinics. Attendance at the clinics has continued to increase (see Tables 8-4.1 and 8-4.2) and is particularly noticable in the under 20 year olds.

Waiting time for an appointment for a new patient varies between two to four weeks, but for urgent appointments patients will be seen the same week. Advice is given on all forms of contraception. Oral contraceptives are prescribed; caps and coils are fitted; injectable contraceptives are administered; post-coital tablets are given when emergency contraception is required; pregnancy testing is undertaken; sterilisation counselling is undertaken; general advice on sexually transmitted diseases, including AIDS, is given; and other contraceptive supplies such as spermicides and condoms can be purchased. Table 8-4.3 shows an analysis of the type of contraception used according to age groups for 1992. About 70% of overall attendance was for the contraceptive pill, and in specific age groups: 30 - 39 years there was 9% attendance for the coil, and 20 - 24 years there was 5% attendance for the injection.

There has been a sharp rise in the number of patients who attended for emergency contraception, particularly in the under 20 year olds who showed a 15% attendance for post-coital tablets. Post-coital tablets can be given to a patient within 72 hours of "unprotected" intercourse, which should prevent an unwanted pregnancy.

This "emergency service" should be easily accessible and readily available, but should not be used as "routine contraception". The patient is strongly advised to return to the clinic again to assess the outcome, and future contraceptive needs.

A totally free service can be provided at these clinics on medical / socio-economic grounds with the approval of the Medical Officer of Health. Applications are made via health visitors, clinic doctors and nurses, and more than half the applicants tend to be in the under 20 age group. Approximately one third of all the clinic attendances in 1992 were approved as "free" attendances.

Due to the high number of abortions carried out annually in the UK for women living in Jersey, a working party on unplanned pregnancy was set up this year. The aims included reviewing current sex education in schools, and the availability of contraceptive services provided by clinics and general practitioners, and the feasibility of a free family planning service.

5. Well Woman Service

Three well woman clinics are held weekly at Le Bas Centre for women wishing to have cervical smears taken, together with instruction in breast awareness and breast examination, and blood pressure, urine and weight checks.

It is recommended that once a woman becomes sexually active she should have routine cervical smears taken every three years. A computer recall system is operated through the Pathology Department at the General Hospital. Cervical smear tests can detect abnormal cells, and this may allow effective treatment to be initiated so that the incidence of, and therefore mortality from cervical cancer is reduced. A total of 1,327 smears were taken (see Table 8-5.1) and 98.7% were proved to be normal. Eight women were referred to the gynaecologist for pre-cancerous conditions and 22 women were found to have other gynaecological problems and referred to their own doctors for treatment as necessary.

A total of 1668 women attended for blood pressure checks and breast examinations, and those with abnormalities (5%) were referred to their own doctors for treatment as necessary (see Table 8-5.2). Women between 50 and 64 years of age were advised to attend the breast screening service for routine mammograms. Hormone replacement therapy was also discussed with pre and post-menopausal women, and they were advised to consult their own doctors for this treatment if it appeared advantageous for them.

6. Mammography Screening Service

This is now the third year that the Breast (Mammography) Screening Clinics have been operating at Le Bas Centre. It is recommended that every woman between the ages of 50 and 64 years should attend for regular breast screening, as this is the best way of discovering breast cancer at an early stage, before the woman is even aware of any signs or symptoms, and when there is a good chance of making a full recovery.

These clinics are held at Le Bas Centre, and during 1992 there were 1,183 women who attended for breast screening. Compared with the previous year the attendance rate was down, as the unit was closed for 20 weeks because of holidays and in preparation for the computer recall system. Even so, it is encouraging to note that in the three years of running this service 4,680 women have attended for first mammograms, which is 73%. of the female population aged 50 to 64 years (See Table 8.6-1). 262 women (5.6%.) were recalled for further X-rays at the General Hospital and investigations as necessary.

7. Sexual Health Promotion

HIV and AIDS

The rate of increase of new HIV-1 reports in the UK stabilized in 1992. Since reporting began, a total of 6,555 AIDS cases and 18,526 reports of HIV-1 infection have been received as of October, 1992. Of this total, 60% of HIV-1 positive individuals were infected through sexual intercourse between men. However, in the twelve month period to September, 1992 heterosexual men and women accounted for 24% of AIDS cases and 38% of reported HIV-1 infections, demonstrating the potential for increased future heterosexual transmission of the virus.

The number of AIDS cases in Jersey has remained stable over the past year with only one new HIV-1 positive case diagnosed in 1992. In addition, one new individual diagnosed outside the island received treatment and has been included in Table 8-9.5.

Local Education and Prevention Initiatives

During the summer of 1992 a series of posters, stickers and beermats were designed with input from young people from the Jersey Youth Council and local youth clubs. The posters were aimed mainly at teenagers starting relationships and pointed out some of the risks of unsafe sex, and offered options on how people could protect themselves and their partners. The beermats and stickers were designed to promote safer sex and increase awareness of the local services offering advice and HIV testing. The beermats were distributed to the Island pubs by the local breweries and the stickers have been posted on condom machines and in various public areas by Public Services.

In addition, a number of talk and training sessions have been offered to various community organisations, schools and the local media throughout the year. New and updated resources have been purchased through the Health Promotion Unit and are available on loan.

With regard to medical staff, a series of AIDS Study Days were on offer to the nursing staff through the nursing education department and a one-day conference updating current treatment issues was presented by staff from the Westminster Hospital and was attended by over ninety physicians and nursing staff.

HIV testing and Counselling

Demand for HIV testing continues to flucutate with local and national media attention. Advances in the prophylactic treatment of opportunistic infections in HIV positive individuals has increased the advantages of HIV testing. The Hospital Counselling Group also continues to see individuals referred to them by hospital staff, general practitioners and those enquiring about testing through the Freephone who are unable to attend the Special Clinic.

Treatment

Patients requiring hospital treatment are cared for on general medical wards whenever possible. Asymptomatic and symptomatic HIV positive patients are treated on an out-patient basis by the consultant microbiologist or in the appropriate out-patient department according to their presenting symptoms. As the number of HIV positive cases increases, the Special Clinic could play a potential role in the management of out-patient care.

Both voluntary and statutory agencies are involved in providing care and assistance to those individuals being cared for within the community. The high cost of medical treatment incurred in some cases, and the lack of hospice facilities are issues which will need to be addressed in the future.

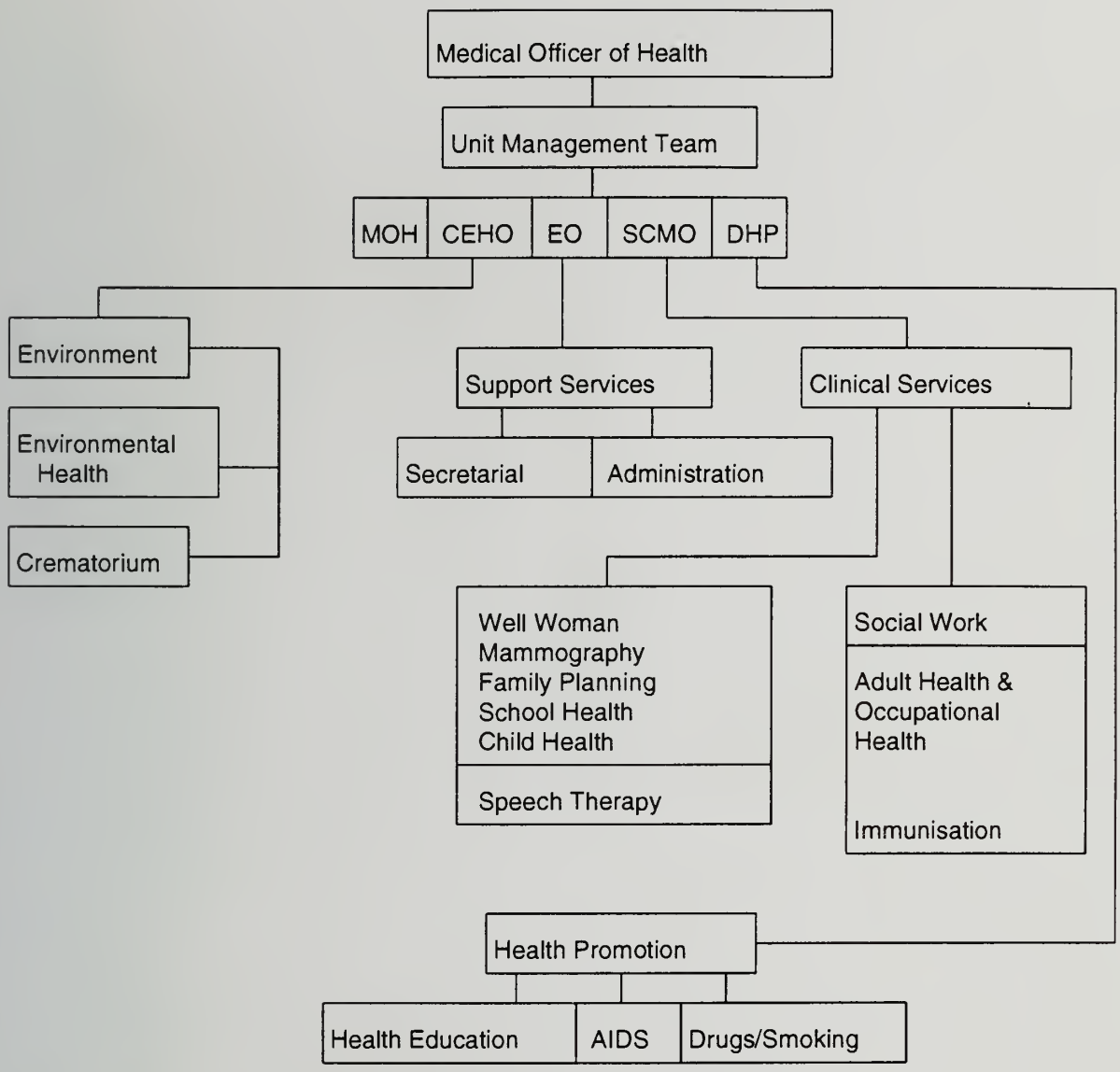
Summary

Although the number of AIDS cases has remained stable in Jersey over the past year, HIV prevention programmes should continue to be a priority. The increasing trend toward heterosexual spread of the virus means that all sections of the population must continue to be targeted with regard to prevention initiatives. The financial implications of future programmes must be addressed if effective prevention initiatives are to be considered in the future.

Section 1

TABLE 1 - 1

STRUCTURE OF COMMUNITY HEALTH SERVICES



MOH	**Medical Officer of Health**	**Dr Richard Grainger**
SCMO	**Senior Clinical Medical Officers**	**Dr Gwyn Llewellin** **Dr Susan Foster**
CEHO	**Chief Environmental Health Officer**	**Mr Tony Littlewood**
EO	**Executive Officer/Manager**	**Miss Jean Kernaghan**
DHP	**Director of Health Promotion**	**Mr Jim Hollywood**

Section 2 - Statistics

TABLE 2-1

STATISTICAL SUMMARY

VITAL STATISTICS 1992

Area (acres)	28,717
Population (estimated year-end residents)	84,644
Deaths (excluding visitors to the Island)	793
Deaths of visitors in the Island	56
Death rate per 1,000 estimated population	9.4
Comparability factor	9.7
Standardised death rate	9.1
Live births	1,137
Live births rate per 1,000 estimated population	13.4
Illegitimate live births	194
Illegitimate live births as a percentage of total live births	17.0
Stillbirths	6
Stillbirth rate per 1,000 live births (total)	5.2
Total live and stillbirths	1,143
Infant deaths	3
Infant mortality rate per 1,000 live births (total)	2.6
Neo-natal mortality rate (first four weeks) per 1,000 live births	-
Early neo-natal mortality rate (first week) per 1,000 live births	0.88
Peri-natal mortality rate (stillbirths plus deaths during first week) per 1,000 live and stillbirths	6.1
Malignant disease (cancer) (all forms) mortality rate per 1,000 estimated population	2.80
Tuberculosis (all forms) mortality rate per 1,000 estimated population	0.02

TABLE 2-2

Resident Population - Census 1991

Age Group	Male	Female	Total
0 - 4	2,450	2,321	4,771
5 - 9	2,151	2,051	4,202
10 - 14	2,016	2,027	4,043
15 - 19	2,340	2,297	4,637
20 - 24	3,830	4,023	7,853
25 - 29	4,166	4,299	8,465
30 - 34	3,626	3,593	7,219
35 - 39	3,147	3,225	6,372
40 - 44	3,266	3,240	6,506
45 - 49	2,535	2,536	5,071
50 - 54	2,526	2,406	4,932
55 - 59	2,194	2,099	4,293
60 - 64	1,867	1,941	3,808
65 - 69	1,611	1,854	3,465
70 - 74	1,160	1,602	2,762
75 - 79	1,019	1,531	2,550
80 - 84	611	1,176	1,787
85 - 89	259	670	929
90 - 94	78	260	338
95 - 99	7	58	65
100 +	3	11	14
TOTAL	40,862	43,220	84,082

TABLE 2 - 3

1992 estimated year-end resident population

	Males	Females	Totals
Resident population: midnight, 10th March 1991 - Census	40,862	43,220	84,082
Births: 11th March 1991 to 31st December 1992	1,035	961	1,996
	41,897	44,181	86,078
Deaths: 11th March 1991 to 31st December 1992	682	752	1,434
Estimated year-end resident population	41,215	43,429	84,644

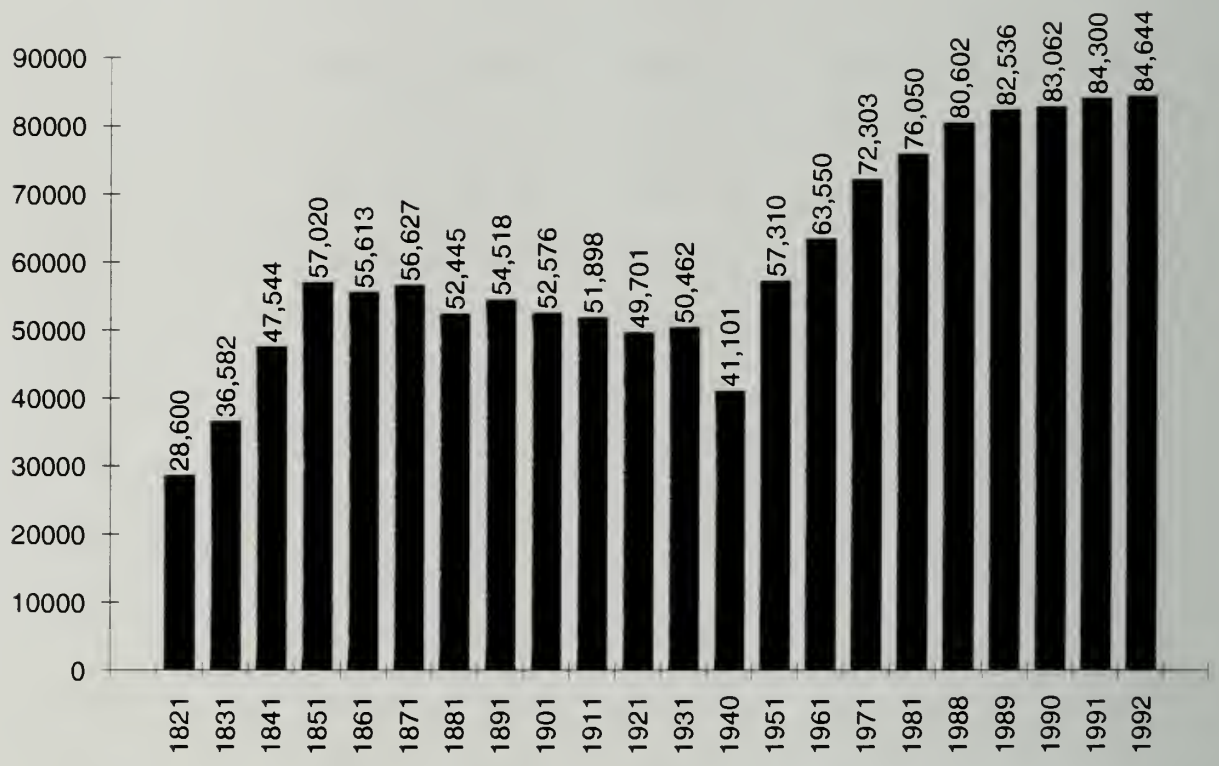
TABLE 2 - 4

Total population of Jersey 1821 - 1992

Year	Males	Females	Persons
1821	13,056	15,544	28,600
1831	17,006	19,576	36,582
1841	21,602	25,942	47,544
1851	26,238	30,782	57,020
1861	24,843	30,770	55,613
1871	24,875	31,752	56,627
1881	23,485	28,960	52,445
1891	24,965	29,553	54,518
1901	23,940	28,636	52,576
1911	24,014	27,884	51,898
1921	22,438	27,263	49,701
1931	23,424	27,038	50,462
1940	18,766	22,335	41,101
1951	27,291	30,019	57,310
1961	30,715	32,835	63,550
1971	36,167	37,136	72,303
1981	36,496	39,554	76,050
1988	39,000	41,602	80,602
1989	39,954	42,582	82,536
1990	40,263	42,799	83,062
1991	41,008	43,292	84,300
1992	41,215	43,429	84,644

TABLE 2.5

POPULATION GRAPH 1821 - 1992



Section 3 - Births

BIRTHS

TABLE 3 - 1

Live birth and illegitimate birth rates 1971 - 1992

Year	Total Live Births	Crude birth rate per 1,000 estimated population	Illegimate births	Illegitimate live births births per cent of total live births
1971	984	13.7	91	9.5
1981	857	11.3	71	8.3
1988	1,071	13.3	172	16.0
1989	1,074	13.0	170	15.8
1990	1,112	13.4	180	16.2
1991	1,057	12.5	169	16.0
1992	1,137	13.4	194	17.0

TABLE 3 - 2

Live births by sex, legitimacy and parity (birth order) - 1992

Position in family	MALES				FEMALES				Totals	%. of Totals
	Full-Term		Premature		Full-Term		Premature			
	Leg	Illeg	Leg	Illeg	Leg	Illeg	Leg	Illeg		
1st	219	60	17	8	193	80	18	2	597	52.5
2nd	160	17	8	1	145	9	8	2	350	30.8
3rd	70	6	6	0	50	5	1	0	138	12.1
4th	17	2	2	0	13	1	1	0	36	3.2
5th +	4	0	1	0	10	1	0	0	16	1.4
TOTALS	470	85	34	9	411	96	28	4	1,137	100.0%

TABLE 3 - 3

Live births by sex, legitimacy and age of mother - 1992

Maternal age group (years)	MALES		FEMALES		Totals	%. of Totals
	Leg	Illeg	Leg	Illeg		
Under 15	0	0	0	0	0	0
15-19	4	12	2	19	37	3.3
20-24	55	36	48	34	173	15.2
25-29	188	29	159	25	401	35.3
30-34	168	11	171	14	364	32.0
35-39	73	5	49	8	135	11.9
40-44+	16	1	10	0	27	2.4
TOTALS	504	94	439	100	1,137	100.0%.

TABLE 3 - 4

Live births by sex, parity (birth order) and age of mother - 1992

Age Groups (Years)	POSITION IN FAMILY										Totals	%. of Totals
	MALES					FEMALES						
	1st	2nd	3rd	4th	5th+	1st	2nd	3rd	4th	5th+		
Under15	0	0	0	0	0	0	0	0	0	0	0	0
15-19	15	0	1	0	0	20	1	0	0	0	37	3.3
20-24	56	26	7	1	1	56	20	6	0	0	173	15.2
25-29	128	55	24	8	2	110	55	13	4	2	401	35.3
30-34	79	61	30	8	1	84	68	22	8	3	364	32.0
35-39	21	38	15	4	0	21	19	10	2	5	135	11.9
40-44+	5	6	5	0	1	2	1	5	1	1	27	2.4
TOTALS	304	186	82	21	5	293	164	56	15	11	1,137	100.0%.

TABLE 3 - 5

Jersey residents - abortions in England and Wales - 1987 - 1991

Age	1987	1988	1989	1990	1991	Total
- 19	43	65	63	55	51	**277**
20 - 24	118	118	125	116	116	**593**
25 - 29	67	80	79	84	80	**390**
30 - 34	25	27	33	29	28	**142**
35 +	34	23	22	39	32	**150**
Total	**287**	**313**	**322**	**323**	**307**	**1552**

TABLE 3 - 6

Jersey residents - births and abortions - 1991

Age	Abortions	Live Births	Total Conceptions	% Conceptions Aborted
15 - 19	51	36	87	58·6
20 - 24	116	158	274	42·3
25 - 29	80	353	433	18·5
30 - 34	28	336	364	7·7
35 +	32	174	206	15·5
Total	**307**	**1057**	**1364**	**22·5**

TABLE 3 - 7

Stillbirths and stillbirth rates 1971 - 1992

Year	No of Stillbirths	Rate per 1,000 Live and Stillbirths
1971	11	11.1
1981	1	1.2
1988	4	3.7
1989	2	1.9
1990	6	5.4
1991	3	2.8
1992	6	5.2

TABLE 3 - 8

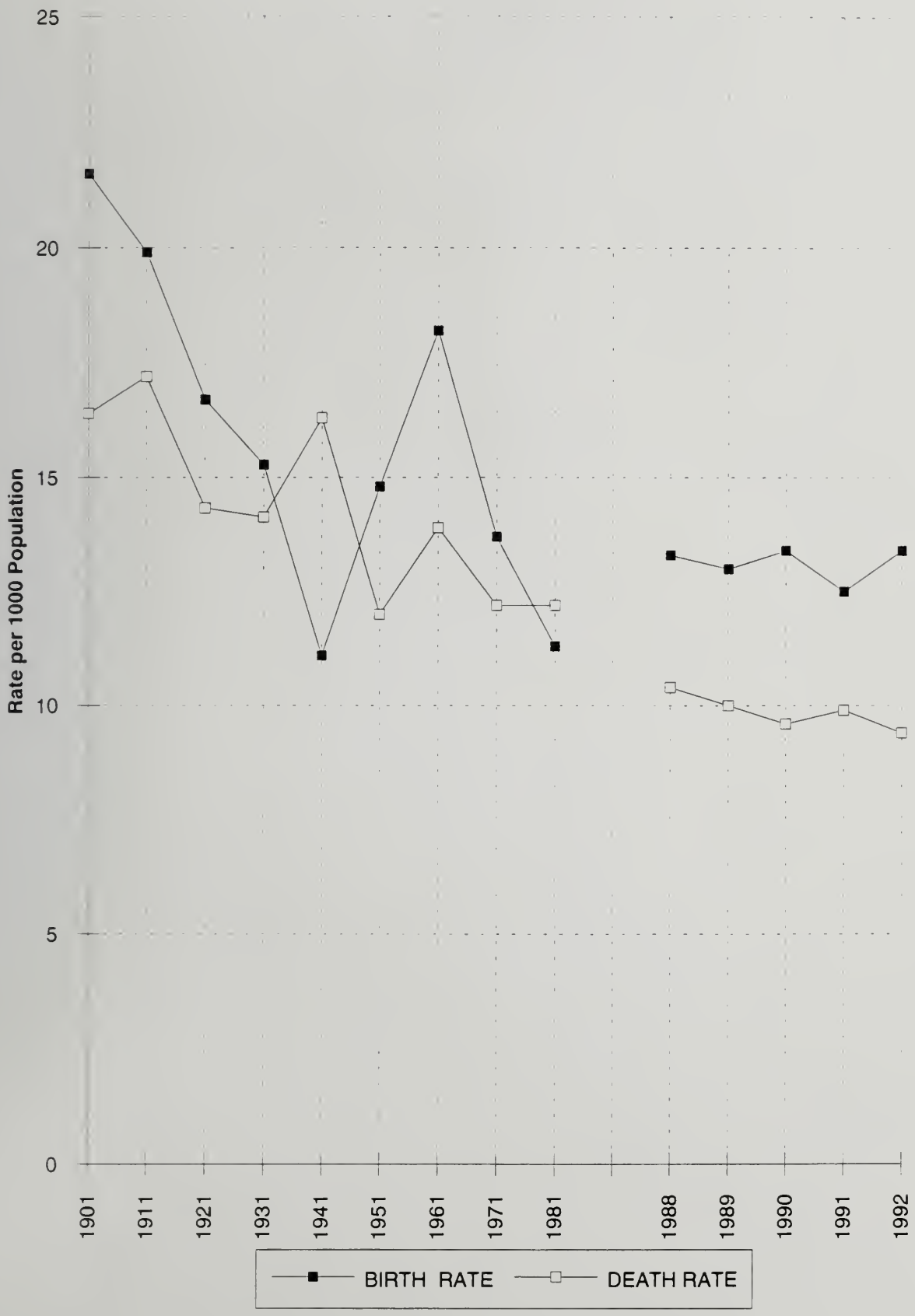
Notification of low weight live and stillbirths by weight and mortality - 1991 and 1992

Weight group	Low weight live births		Deaths within 24 hrs of birth		Deaths within 28 days of birth		Deaths within 28 days per 1000 live low weight birth		Low weight stillbirths		Low weight stillbirths per 1000 live and still low weight births	
	91	92	91	92	91	92	91	92	91	92	91	92
0 - 500g	0	0	0	0	0	0	0.0	0.0	0	0	0.0	0.0
501 - 1000g	1	1	0	0	0	0	0.0	0.0	1	1	500.0	500.0
1001-1500g	9	5	0	0	0	0	0.0	0.0	0	2	0.0	285.7
1501-2000g	16	19	0	0	0	0	0.0	0.0	1	2	58.8	95.2
2001-2500g	52	46	0	0	0	0	0.0	0.0	0	0	0.0	0.0
All babies of 2500g or less	78	71	0	0	0	0	0.0	0.0	2	5	25.0	65.8

N.B.: Amended figures for 1991 included.

TABLE 3.9

BIRTH AND DEATH RATE GRAPH



Section 4 - Deaths

DEATHS

TABLE 4 - 1

Deaths and death rates 1961 - 1992

Year	Number of Deaths			Crude death rate per 1000 est. population	Standardised death rate
	Males	Females	Total		
1961	437	388	825	13.9	12.3
1971	481	400	881	12.2	10.9
1981	491	438	929	12.2	11.8
1988	415	395	810	10.4	9.7
1989	398	429	827	10.0	9.7
1990	390	410	800	9.6	9.3
1991	381	451	832	9.9	9.6
1992	391	402	793	9.4	9.1

TABLE 4-2

Percentage of total deaths occurring at certain ages and average age at death 1961 - 1992

	Under 40 years			40 - 49 years			50 - 59 years			60 - 64 years			65 years and upwards			75 years and upwards			Average age at death (yr)		
Year	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1961	10.8	5.8	8.3	5.3	3.4	4.3	14.0	7.5	10.7	8.5	4.4	6.4	61.6	79.1	70.3	36.4	57.2	46.8	64	72	69
1971	7.5	1.8	4.7	4.6	2.8	3.7	11.6	6.5	9.1	11.6	5.3	8.4	64.4	83.8	74.1	32.4	62.0	47.2	66	76	71
1981	5.5	2.5	4.0	5.1	3.4	4.3	8.1	6.8	7.4	9.4	4.6	7.0	71.9	82.6	77.3	36.3	63.0	49.6	69	77	73
1988	4.5	2.5	3.5	3.3	1.0	2.2	7.2	5.8	6.5	10.8	4.5	7.7	73.9	86.0	80.0	48.1	69.6	58.6	71	78	74
1989	4.8	2.1	3.4	5.5	2.1	3.8	8.5	5.6	7.0	6.3	3.3	4.7	74.9	86.9	81.1	51.0	69.5	60.3	71	78	74
1990	5.4	2.9	4.2	3.8	1.2	2.5	8.7	5.6	7.1	7.2	5.1	6.1	74.9	85.1	80.1	50.0	70.9	60.7	71	79	75
1991	3.4	2.0	2.6	4.5	2.0	3.1	8.4	6.2	7.2	7.6	4.0	5.6	76.1	85.4	81.4	49.9	70.3	60.9	71	78	75
1992	3.7	2.3	3.0	4.0	2.1	3.0	8.3	5.7	7.0	7.7	4.2	5.9	25.5	16.2	20.6	50.8	69.6	60.6	72	78	75
Ave. 1961 - 70	8.1	5.6	6.8	5.6	3.3	4.4	13.6	7.8	10.7	11.8	6.4	9.1	61.8	77.0	69.4	35.2	56.2	45.7	66	72	69
Ave. 1971 - 80	5.5	2.8	4.2	4.1	2.4	3.3	12.0	7.3	9.7	10.5	6.3	8.4	67.8	81.0	74.4	37.2	59.5	48.3	68	75	71
Ave. 1981 - 90	4.7	2 5	3.6	3.8	2.3	3.1	9.6	7.0	7.8	9.2	5.1	7.2	72.7	83.9	78.3	45.3	65.1	55.2	70	76	73

TABLE 4 - 3

Deaths of infants within first year of life - 1992

Age at Death							
Under 7 days		7-28 days		1-12 months		Totals	
M	F	M	F	M	F	M	F
0	1	0	0	1	1	1	2

TABLE 4 - 4

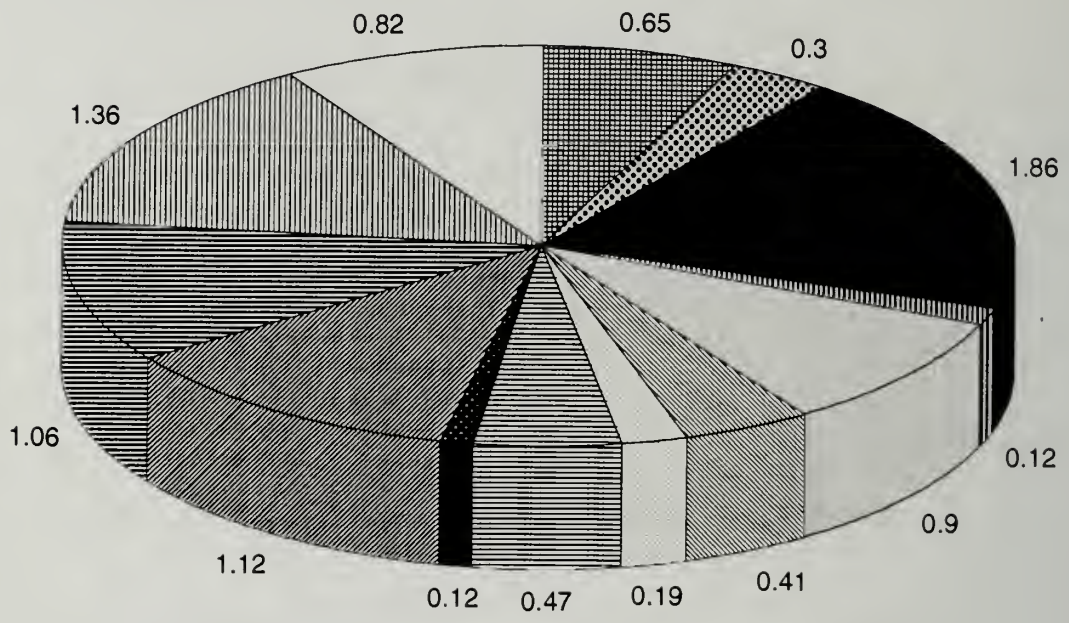
Maternal and infant deaths and mortality rates 1971 - 1992

Year	Maternal		Peri-Natal		Early Neo-Natal		Neo-natal		Total	
	Deaths	Rate per 1,000 total live and stillbirths	Deaths	Rate per 1,000 total live and stillbirths	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births
1971	1	1.0	23	23.1	12	12.2	13	14.2	18	18.3
1981	-	-	5	5.8	4	4.7	5	5.8	7	8.2
1988	-	-	11	10.2	7	6.5	8	7.5	11	10.3
1989	-	-	5	4.6	3	2.8	3	2.8	4	3.7
1990	-	-	10	8.9	4	3.6	5	4.5	7	6.3
1991	-	-	6	5.7	3	2.8	3	2.8	6	5.7
1992	-	-	7	6.1	1	0.88	-	-	3	2.6

TABLE 4-5

Deaths from Principal Causes

Total Death Rate = 9.9 per 1000 population



Rate per 1000 deaths

	Rate per Thousand	Percentage of Total Deaths
malignant neoplasms of trachea bronchus & lung	0.65	6.9
malignant neoplasms of the breast	0.3	3.3
other malignant neoplasms	1.86	19.7
suicide	0.12	1.3
other circulatory disease	0.9	9.6
digestive disease	0.41	4.4
all other accidents	0.19	2
other respiratory disease	0.47	5
bronchitis emphysema & asthma	0.12	1.3
pneumonia	1.12	12
cerebrovascular disease	1.06	11.3
ischaemic disease	1.36	14.5
all other causes	0.82	8.7

TABLE 4 - 6

Deaths (exclusive of foetal deaths), cross-classified by cause and sex registered 1990 - 1992

	1990			1991			1992		
	M	F	T	M	F	T	M	F	T
GROUP I - Infective and parasitic diseases	-	1	1	2	3	5	2	3	5
GROUP II - Neoplasms	126	106	232	125	110	235	125	112	237
GROUP III - Endocrine, nutritional and metabolic diseases	6	3	9	3	5	8	3	4	7
GROUP IV - Diseases of the blood and blood forming organs	-	4	4	2	1	3	2	3	5
GROUP V - Mental disorders	2	1	3	2	1	3	1	1	2
GROUP VI - Diseases of the nervous system and sense organs	4	5	9	2	6	8	3	1	4
GROUP VII - Diseases of the circulatory system	143	168	311	145	192	337	144	137	281
GROUP VIII - Diseases of the respiratory system	57	68	125	57	64	121	65	80	145
GROUP IX - Diseases of the digestive system	15	11	26	12	18	30	18	17	35
GROUP X - Diseases of the genito-urinary system	3	3	6	8	7	15	5	8	13
GROUP XI - Complications of pregnancy, child-birth and the puerperium	-	-	-	-	-	-	-	-	-
GROUP XII - Diseases of the skin and subcut-aneous tissue	1	1	2	1	-	1	-	-	-
GROUP XIII - Diseases of the musculoskeletal system and connective tissue	1	3	4	-	4	4	-	2	2
GROUP XIV - Congenital anomalies	-	1	1	-	1	1	-	1	1
GROUP XV - Certain causes of perinatal mortality	3	1	4	2	1	3	-	1	1
GROUP XVI - Symptoms and ill defined conditions	10	22	32	7	23	30	6	23	29
GROUP XVII - Accidents, poisoning and violence	19	12	31	13	15	28	17	9	26
TOTAL	390	410	800	381	451	832	391	402	793

TABLE 4 - 7

Deaths (exclusive of foetal deaths) cross-classified by cause, and age registered during 1992 - MALE

	MALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 1 - INFECTIVE & PARASITIC DISEASES																		
Tuberculosis of Respiratory Organs	1																1	
Other Bacterial Diseases	1												1					
TOTALS	**2**												**1**				**1**	
GROUP 2 - NEOPLASMS																		
Benign neoplasms and neoplasms of unspecified nature																		
Leukaemia	3																1	2
Malignant neoplasm of breast	1										1							
Malignant neoplasm of buccal cavity & pharynx	3													1	1	1		
Malignant neoplasm of intestine, except rectum	7											1			1		1	4
Malignant neoplasm of larynx	1														1			
Malignant neoplasm of oesophagus	4										1					1		2
Malignant neoplasm of other & unspecified areas	39						1						1	7	5	2	9	14
Malignant neoplasm of prostate	14																4	10
Malignant neoplasm of rectum & rectosigmoid junction	3																3	
Malignant neoplasm of stomach	10															2	1	7
Malignant neoplasm of trachea, bronchus & lung	37													1	5	11	5	15
Other neoplasms of lymphatic & haemotopoietic tissue	3												1				1	1
TOTALS	**125**						**1**				**2**	**1**	**2**	**9**	**13**	**17**	**25**	**55**
GROUP 3 - ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES																		
Diabetes Mellitus	2																1	1
Other endocrine & metabolic diseases	1																1	
TOTALS	**3**																**2**	**1**
GROUP 4 - DISEASES OF THE BLOOD & BLOOD FORMING ORGANS																		
Anaemias	2																	2
TOTALS	**2**																	**2**

TABLE 4 - 7

Deaths (exclusive of foetal deaths) cross-classified by cause, and age registered during 1992 - MALE

	MALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 5 - MENTAL DISORDERS																		
Psychoses	1																	1
TOTALS	**1**																	**1**
GROUP 6 - DISEASES OF THE NERVOUS SYSTEM & SENSE ORGANS																		
Other diseases of nervous system & sense organs	3																	3
TOTALS	**3**																	**3**
GROUP 7 - DISEASES OF THE CIRCULATORY SYSTEM																		
Cerebrovascular disease	32											1	1		3	4	4	19
Diseases of arteries, arterioles & capillaries	13											1			1	3	1	7
Hypertensive disease	8													1	1	1	2	3
Ischaemic heart disease	69								1			1	3	3	6	8	9	38
Other diseases of the circulatory system	2																	2
Other forms of heart disease	16											1		2	2	1		10
Venous thrombosis & embolism	4													1				3
TOTALS	**144**								**1**			**4**	**4**	**7**	**13**	**17**	**16**	**82**
GROUP 8 - DISEASES OF THE RESPIRATORY SYSTEM																		
Acute respiratory infections	1	1																
Bronchitis, emphysema & asthma	6											1					3	2
Empyema and abscess of lung	1																	1
Other diseases of the respiratory system	24														2	2	3	17
Other pneumonia	33									1			1	3	1	1	2	24
TOTALS	**65**	**1**								**1**		**1**	**1**	**3**	**3**	**3**	**8**	**44**

TABLE 4 - 7

Deaths (exclusive of foetal deaths) cross-classified by cause and age registered during 1992 - MALE

	MALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 9 - DISEASES OF THE DIGESTIVE SYSTEM																		
Cirrhosis of liver	4									1	1				1	1		
Intestinal obstruction and hernia	2																1	1
Other diseases of digestive system	10											1			2	3	1	3
Peptic ulcer	2																	2
TOTALS	**18**									**1**	**1**	**1**			**3**	**4**	**2**	**6**
GROUP 10 - DISEASES OF THE GENITO-URINARY SYSTEM																		
Other diseases of the genito-urinary system	2																1	1
Other nephritis & nephrosis	3																	3
TOTALS	**5**																**1**	**4**
GROUP 16 - SYMPTOMS & ILL-DEFINED CONDITIONS																		
Senility without mention of psychosis	4																	4
Symptoms & other ill-defined conditions	2													1				1
TOTALS	**6**													**1**				**5**
GROUP 17 - ACCIDENTS, POISONINGS & VIOLENCE																		
Accidental drowning & submersion	3										2			1				
Accidental falls	3										1		1			1		
Accidential poisoning	1									1								
All other accidents	2												1			1		
Suicide & self-inflicted injury	8							3			1	1			1			2
TOTALS	**17**							**3**		**1**	**4**	**1**	**2**	**1**	**1**	**2**		**2**
ALL CAUSES	**391**	**1**					**1**	**3**	**1**	**3**	**7**	**8**	**10**	**21**	**33**	**43**	**55**	**205**

TABLE 4 - 8

Deaths (exclusive of foetal deaths) cross-classified by cause and age registered during 1992 - FEMALE

	FEMALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 1 - INFECTIVE & PARASITIC DISEASES																		
Meningococcal infection	1	1																
Other Bacterial Diseases	2																1	1
TOTALS	**3**	**1**															**1**	**1**
GROUP 2 - NEOPLASMS																		
Leukaemia	3															1		2
Malignant neoplasm of breast	25									1	3	1		3	2	4	3	8
Malignant neoplasm of cervix uteri	3													1				2
Malignant neoplasm of intestine, except rectum	9													1		3	1	4
Malignant neoplasm of larynx	1																	1
Malignant neoplasm of oesophagus	2														1	1		
Malignant neoplasm of other & unspecified areas	32							1		1			2	5	4	3	4	12
Malignant neoplasm of rectum & rectosigmoid junction	4												1			2	1	
Malignant neoplasm of stomach	6																1	5
Malignant neoplasm of trachea, bronchus & lung	18										1	1			3		4	9
Other malignant neoplasm of uterus	4									1				1			1	1
Other neoplasms of lymphatic & haemotopoietic tissue	5													1		1		3
TOTALS	**112**							**1**		**3**	**4**	**2**	**3**	**12**	**10**	**15**	**15**	**47**
GROUP 3 - ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES																		
Diabetes Mellitus	2														1			1
Other endocrine & metabolic diseases	1																	1
Thyrotoxicosis with or without goitre	1																	1
TOTALS	**4**														**1**			**3**

TABLE 4 - 8

Deaths (exclusive of foetal deaths) cross-classified by cause and age registered during 1992 - FEMALE

	FEMALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 4 - DISEASES OF THE BLOOD & BLOOD FORMING ORGANS																		
Anaemias	3																	3
TOTALS	**3**																	**3**
GROUP 5 - MENTAL DISORDERS																		
Psychoses	1															1		
TOTALS	**1**															**1**		
GROUP 6 - DISEASES OF THE NERVOUS SYSTEM & SENSE ORGANS																		
Other diseases of nervous system & sense organs	1																	1
TOTALS	**1**																	**1**
GROUP 7 - DISEASES OF THE CIRCULATORY SYSTEM																		
Cerebrovascular disease	58										1	1			1	4	7	44
Chronic rheumatic heart disease	1																	1
Diseases of arteries, arterioles & capillaries	10																4	6
Hypertensive disease	6															1	1	4
Ischaemic heart disease	46													1		2	3	40
Other forms of heart disease	13												1				1	11
Venous thrombosis & embolism	3															1	1	1
TOTALS	**137**										**1**	**1**	**1**	**1**	**1**	**8**	**17**	**107**

TABLE 4 - 8

Deaths (exclusive of foetal deaths) cross-classified by cause and age registered during 1992 - FEMALE

	FEMALE																
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 8 - DISEASES OF THE RESPIRATORY SYSTEM																		
Bronchitis, emphysema & asthma	4															1		3
Other diseases of respiratory system	12													1		2	1	8
Other pneumonia	62											1			1		3	57
Viral pneumonia	2									1	1							
TOTALS	**80**									**1**	**1**	**1**		**1**	**1**	**3**	**4**	**68**
GROUP 9 - DISEASES OF THE DIGESTIVE SYSTEM																		
Cirrhosis of liver	1																1	
Intestinal obstruction & hernia	4																	4
Other diseases of digestive system	8													1		3		4
Peptic ulcer	4																	4
TOTALS	**17**													**1**		**3**	**1**	**12**
GROUP 10 - DISEASES OF THE GENITO-URINARY SYSTEM																		
Infections of kidney	2																	2
Other diseases of genito-urinary system	2																	2
Other nephritis & nephrosis	4															1	2	1
TOTALS	**8**															**1**	**2**	**5**
GROUP 13 - DISEASES OF THE MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE																		
Arthritis & spondylitis	1																1	
Other diseases of musculoskeletal system & connective tissue	1																	1
TOTALS	**2**																**1**	**1**

TABLE 4 - 8

Deaths (exclusive of foetal deaths) cross-classified by cause and age registered during 1992 - FEMALE

	FEMALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 14 - CONGENITAL ABNORMALITIES																		
All other congenital anomalies	1						1											
TOTALS	**1**						**1**											
GROUP 15 - CERTAIN CAUSES OF PERINATAL MORTALITY																		
Other causes of perinatal morbidity & mortality	1	1																
TOTALS	**1**	**1**																
GROUP 16 - SYMPTOMS & ILL-DEFINED CONDITIONS																		
Senility without mention of psychosis	21															1		20
Symptoms & other ill-defined conditions	2														1			1
TOTALS	**23**														**1**	**1**		**21**
GROUP 17 - ACCIDENTS, POISONINGS & VIOLENCE																		
Accidental drowning and submersion	2											1		1				
Accidental falls	3															1	1	1
Accidental poisoning	2										1				1			
Suicide & self-inflicted injury	2															1		1
TOTALS	**9**										**1**	**1**		**1**	**1**	**2**	**1**	**2**
ALL CAUSES	**402**	**2**					**1**	**1**		**4**	**7**	**5**	**4**	**16**	**15**	**34**	**42**	**271**

TABLE 4 - 9

Years of life lost by some causes of death

Years of life lost up to the age of 75 were calculated by subtracting the actual age at death from age 75.
The following table shows the breakdown by cause of death and years lost for males and females.

CAUSE OF DEATH	No. of males deceased	No. of years lost	No. of females deceased	No. of years lost	Total M & F deceased	Total No years lost
Malignant Neoplasm of buccal cavity & pharynx	3	33	-	-	3	33
Malignant neoplasm of oesophagus	4	41	2	24	6	65
Malignant neoplasm of stomach	10	16	6	2	16	18
Malignant neoplasm of intestine, except rectum	7	42	9	42	16	84
Malignant neoplasm of rectum & rectosigmoid junction	3	8	4	39	7	47
Malignant neoplasm of larynx	1	14	1	-	2	14
Malignant neoplasm of trachea, bronchus & lung	37	166	18	118	55	284
Malignant neoplasm of bone	-	-	-	-	-	-
Malignant neoplasm of breast	1	31	25	281	26	312
Malignant neoplasm of cervix uteri	-	-	3	20	3	20
Other malignant neoplasms of uterus	-	-	4	61	4	61
Malignant neoplasm of prostate	14	6	-	-	14	6
Malignant neoplasm of other & un-specified sites	39	275	32	287	71	562
Leukaemia	3	5	3	6	6	11
Other neoplasms of lymphatic & haemotopoietic tissue	3	25	5	27	8	52
ALL MALIGNANT NEOPLASMS	**125**	**662**	**112**	**907**	**237**	**1,569**
Ischaemic heart disease	69	313	46	44	115	357
Cerebrovascular disease	32	110	58	96	90	206
Diseases of arteries, arterioles & capillaries	13	58	10	7	23	65
Motor vehicle accidents	-	-	-	-	-	-
Suicide & self-inflicted injury	8	223	2	10	10	233
TOTALS	247	1,366	228	1,064	475	2,430

TABLE 4 - 10

Some causes of death with their distribution by sex, rate per 1,000 population, and percentage of total deaths 1992

	No. of Deaths			Rate per 1,000 Population			%. of Total Deaths		
	M	F	T	M	F	T	M	F	T
NEOPLASMS	**125**	**112**	**237**	**3.03**	**2.58**	**2.81**	**32.0**	**27.9**	**29.9**
Oesophagus	4	2	6	0.10	0.05	0.07	1.0	0.5	0.8
Stomach	10	6	16	0.24	0.14	0.19	2.6	1.5	2.0
Intestine, except rectum	7	9	16	0.17	0.20	0.19	1.8	2.2	2.0
Trachea, bronchus and lung	37	18	55	0.90	0.41	0.65	9.5	4.5	6.9
Breast	1	25	26	0.02	0.58	0.30	0.3	6.2	3.3
Prostate	14	0	14	0.34	0.00	0.17	3.6	0.0	1.8
All other sites	52	52	104	1.26	1.19	1.23	13.3	12.9	13.1
CIRCULATORY DISEASES	**144**	**137**	**281**	**3.49**	**3.15**	**3.32**	**36.8**	**34.1**	**35.4**
Ischaemic heart disease	69	46	115	1.67	1.06	1.36	17.6	11.4	14.5
Cerebrovascular disease	32	58	90	0.77	1.34	1.06	8.2	14.4	11.3
All other circulatory diseases	43	33	76	1.04	0.76	0.90	11.0	8.2	9.6
RESPIRATORY DISEASES	**65**	**80**	**145**	**1.57**	**1.84**	**1.71**	**16.6**	**19.9**	**18.3**
Pneumonia, except viral	33	62	95	0.80	1.43	1.12	8.4	15.4	12.0
Bronchitis, Emphysema and asthma	6	4	10	0.15	0.09	0.12	1.5	1.0	1.3
All other respiratory diseases	26	14	40	0.63	0.32	0.47	6.6	3.5	5.0
DIGESTIVE DISEASES	**18**	**17**	**35**	**0.43**	**0.39**	**0.41**	**4.6**	**4.2**	**4.4**
Cirrhosis of liver	4	1	5	0.10	0.02	0.06	1.0	0.2	0.6
All other digestive diseases	14	16	30	0.34	0.37	0.35	3.6	4.0	3.8
ACCIDENTS, POISONINGS & VIOLENCE	**17**	**9**	**26**	**0.41**	**0.20**	**0.31**	**4.3**	**2.2**	**3.3**
Motor vehicle accidents	0	0	0	0.00	0.00	0.00	0.0	0.0	0.0
All other accidents	9	7	16	0.22	0.16	0.19	2.3	1.7	2.0
Suicides	8	2	10	0.19	0.05	0.12	2.0	0.5	1.3
Homicide & injury purposely inflicted by other persons; legal intervention	0	0	0	0.00	0.00	0.00	0.0	0.0	0.0
ALL OTHER CAUSES, INCLUDING SENILITY	**22**	**47**	**69**	**0.53**	**1.08**	**0.82**	**5.6**	**11.7**	**8.7**
Senility	4	21	25	0.10	0.48	0.30	1.0	5.2	3.2
All other causes	18	26	44	0.44	0.60	0.52	4.6	6.5	5.5

Section 5 - Principal Causes of Death

PRINCIPAL CAUSES OF DEATH

TABLE 5 - 1

Analysis of deaths from all forms of neoplasm disease registered 1992

	MALES	FEMALES	TOTALS
Buccal cavity and pharynx	3	0	3
Oesophagus	4	2	6
Stomach	10	6	16
Intestine, except rectum	7	9	16
Rectum and rectosigmoid junction	3	4	7
Trachea, bronchus and lung	37	18	55
Larynx	1	1	2
Bone	0	0	0
Skin	0	0	0
Breast	1	25	26
Cervix uteri	0	3	3
Uterus	0	4	4
Prostate	14	0	14
Other and unspecified sites	39	32	71
Leukaemia	3	3	6
Lymphatic and haemotopoietic tissue	3	5	8
Benign neoplasms and neoplasms of unspecified nature	0	0	0
TOTALS	125	112	237

TABLE 5 - 2

Deaths from Coronary Thrombosis 1961 - 1992

Year	Total deaths			Deaths from coronary disease						Total deaths in age groups 40-64			Deaths from coronary disease in age groups 40 - 64					
				No			%.						No			%.		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1961	437	388	825	73	33	106	16.7	8.5	12.8	120	59	179	29	3	32	24.2	5.1	17.9
1971	481	400	881	142	67	209	29.5	16.7	23.7	134	58	192	55	7	62	41.0	12.1	32.3
1981	491	438	929	142	90	232	28.9	20.5	25.0	111	65	176	48	11	59	43.2	16.9	33.5
1988	415	395	810	120	85	205	28.9	21.5	25.3	89	45	134	23	8	31	25.8	17.8	23.1
1989	398	429	827	111	82	193	27.8	19.1	23.4	81	47	128	22	1	23	27.2	2.1	18.0
1990	390	410	800	143	168	311	37.7	41.0	38.9	77	49	126	20	11	31	26.0	22.5	23.4
1991	381	451	832	145	192	337	38.1	42.6	40.5	78	55	133	27	13	40	34.6	23.6	30.1
1992	391	402	793	144	137	281	37.0	34.0	35.0	78	47	125	28	5	33	36.0	11.0	26.0
Average 1961-70	422	391	813	93	52	145	22.0	13.3	17.8	126	67	193	40	8	48	31.7	11.9	24.8
Average 1971-80	480	444	924	136	77	213	28.3	17.3	23.0	128	72	200	49	10	59	38.3	13.9	29.5
Average 1981-90	427	430	857	129	95	224	30.2	22.1	26.1	96	58	154	34	8	42	35.4	13.8	27.3

TABLE 5 - 3

Causes of accidental deaths and suicides 1992

Cause	Males	Females	Total
Drug poisoning	4	2	6
Carbon monoxide poisoning	1	1	2
Accidental fall	3	3	6
Drowning	3	2	5
Hanging	3	-	3
Inhalation of food	2	-	2
Self-inflicted suffocation	1	1	2
TOTALS	**17**	**9**	**26**

TABLE 5.4

Suicides by sex, age groups and years of life lost - 1992

Age Group	Males	Years of Life Lost	Females	Years of Life Lost	Totals	Total Years of Life Lost
Under 20	0	0	0	0	0	0
20 - 29	3	149	0	0	3	149
30 - 39	0	0	0	0	0	0
40 - 49	2	61	0	0	2	61
50 - 59	0	0	0	0	0	0
60 - 69	1	13	1	10	2	23
70 - 79	2	0	0	0	2	0
80 +	0	0	1	0	1	0
Totals	**8**	**223**	**2**	**10**	**10**	**233**

Section 6 - Drugs and Alcohol

TABLE 6 - 1

ALCOHOL AND DRUGS SERVICE - New Referrals

	Alcohol	Other Drugs	TOTAL
1988	89	4	93
1989	163	12	175
1990	189	21	210
1991	219	30	249
1992	317	89	406

Section 7 - Environmental Health

ENVIRONMENTAL HEALTH

TABLE 7 - 1

Unfit Food Complaints - 1992

	Bakery Prods.	Meat	Meat Prods	Milk/ Milk Prods	Other Tinned/ Packet Foods	Take Away Foods	Fruit/ Veg	Fish	Drinks	Total 1991	Total 1992
Foreign Bodies	17	-	3	3	9	4	-	-	1	48	37
Not of Nature or Quality Demanded	-	1	-	5	4	-	-	2	1	14	13
Decomposition/ Mould	4	3	-	1	3	-	-	-	-	21	11
Complaints Not Upheld	4	4	1	3	6	7	3	1	4	26	33
Still Under Investigation	3	1	1	2	14	7	-	1	1	-	30
Total	28	9	5	14	36	18	3	4	7	109	124

TABLE 7 - 2

Gastro-intestinal Diseases - 1992

Summary of intestinal infectious disease investigations	1989	1990	(a) 1991	(b) 1991	1992
Incidents	125	112	91	230	307
- Sporadic (1 case only)	100	96	84	223	288
- Outbreaks (2 or more cases)	25	16	7	7	19
Total cases in outbreaks	183	48	27	27	81
Total cases in all incidents (Case - POSITIVE specimens)	283	144	11	250	*369

The 1992 figures include infections of a non-statutory notifiable type not included in previous figures.

The figures in column (b) for 1991 include those non-statutory notifiable types to give a direct comparison of the 1992 figures.

*Notified for 1992 were: 157 Salmonella, 13 Shigella, 114 Campylobacter, 25 Cryptospirodia, 34 Giardiasis, 26 other cases.

TABLE 7 - 3

Summary of the departmental water sampling activities - 1992

Samples taken for:	Satisfactory	Unsatisfactory	Total
Bacteriological examination	592 (68%)	279 (32%)	871
Full chemical analysis	373 (53%)	330 (47%)	703

Sources sampled:		Samples with excess:	
Wells (dug)	117	Lead	2
Springs	14	Iron	33
Streams	-	Copper	27
Rainwater	23	Zinc	11
Bore tubes	312	Nitrate (WHO)	133 (E.C.) 314 *
Mains supply	9	Manganese	123
		Sodium	47

* See breakdown of these figures in table below.

The nitrate figures can be broken down as follows:-

Within W.H.O. and E.C. limits	Above E.C. limit and below W.H.O. limit	Above W.H.O. Nitrates limits
Bore 97 (31%)	128 (41%)	87 (28%)
Well 30 (26%)	46 (39%)	41 (35%)
Springs 3 (20%)	7 (47%)	5 (33%)
Total 130 (29%)	181 (41%)	133 (30%)

In addition 41 samples were taken for limited and specific analysis, e.g. hydrocarbons, detergents, fluoresceine traces, metals, in pursuance of pollution detection.

TABLE 7-4
Seawater - bathing beach samples

Beach Location	No of Samples within EC guidelines	No of Samples above EC guideline but below EC maximum	No of Samples above EC maximum	Total
St Brelade	9	1	Nil	10
Beauport	9	Nil	1	10
Portelet	10	Nil	Nil	10
St Ouen	10	Nil	Nil	10
Plemont	10	Nil	Nil	10
La Haule	8	2	Nil	10
First Tower	6	4	Nil	10
Victoria Pool	5	4	1	10
Grouville	9	1	Nil	10
Archirondel	10	Nil	Nil	10
TOTALS	86	12	2	100

Section 8 - Clinical Services

Pre-school Health Service

School Health Service

Speech Therapy

Family Planning Service

Well Woman Service

Mammography Screening Service

Occupational Health Service

Immunisation Clinic

Sexual Health Clinic

PRE-SCHOOL HEALTH SERVICE

TABLE 8 - 1.1

Children Examined at Nurseries 1990 - 1992

YEAR	1990	1991	1992
Total number of children examined	835	909	932
Children without defects	481	507	541
Children with defects followed up at the Health Centre clinics and/or needing specialist referral	201	217	242
Children to be seen again next year	81	99	73
Children already attending a specialist	72	86	.76

TABLE 8 - 1.2

Pre-School Medical Examinations 1990 - 1992

YEAR	1990	1991	1992
Total number of children examined	835	909	932
Children requiring specialist referral:			
E.N.T. Clinic	36	41	27
Ophthalmic Clinic	49	50	66
Paediatric Clinic	2	4	1
Surgical Clinic	-	15	28
Orthopaedic Clinic	-	1	-
Speech Therapist	34	24	27
Dietician	-	1	-
Educational Psychologist	6	6	9
General Practitioner	4	8	5
Skin Clinic	-	-	1
Total numbers	131	150	164
Percentage of total numbers of children examined requiring specialist referral	16%.	16%.	17%.

SCHOOL HEALTH SERVICE

TABLE 8 - 2.1

Medical examinations 1990 - 1992

	1990	1991	1992
Pupils on school registers	10299	10441	10523
Children medically examined	3039	3036	2951
Percentage of children examined	29.5%	29%.	28%
Children without defects	1292	1567	1564
Children with defects known or to be rechecked	1539	1267	1189
Children with defects requiring specialist referral	217 7.1%	205 6.7%	235 7.9%
Absentees	93	91	34
Refusals	35	22	9
Medical Officer sessions	286	303	292

TABLE 8 - 2.2

Number of Children examined, classified by age group - 1992

Age Groups	Number Examined
Infants (aged 5+)	895
Juniors (age 10)	255
Seniors (age 13+)	790
Special examinations	1011
Total	**2951**

TABLE 8 - 2.3

Number of defects requiring specialist referral, distributed by age groups

PERIODIC EXAMINATIONS					
Referral to:	**Infants**	**Juniors**	**Seniors**	**Special Examinations**	**Totals**
G.P.	8	3	1	4	16
Optician	-	32	41	70	143
Eye Clinic	11	6	-	22	39
ENT Clinic	4	4	3	8	19
Speech Therapy	4	3	1	2	10
Dietician	-	-	-	2	2
Orthopaedic Clinic	-	4	1	1	6
Totals	27	52	47	109	235

TABLE 8 - 2.4

Number of 10-year-old children not selected for medical examination who had vision tests during 1992

Number Tested	Without Defect	With Defect	Number Referred
503	259	229	15

TABLE 8 - 2.5

Visual Screening Tests on 7-year-old children 1992

Total number of children tested	846
Children without defect	590
Children with minimal defect, for recheck	147
Children needing optician referral	59
Children attending optician/eye clinic	50

TABLE 8 - 2.6

Audiometric Screening Tests 1992

Total Number of Children Tested	2,961
Children with slight hearing loss to be re-checked next year	312
Children with known hearing loss	87
Children needing ENT referral	19

Infants (5+ years)		**Juniors** (10 years)		**Seniors** (13+ years)		**Special Examinations**		**Re-checks**	
Number tested	Number defects	Number tested	Number defects	Number tested	Number defects	Number tested	Number defects	Number tested	Number defects
914	136	818	109	798	56	150	34	281	97

TABLE 8 - 2.7

Immunisations given during 1992

Places	Age	Immunisations	Number of Children
Maternity Unit	Newborn	BCG	1,100
Infant Welfare Clinics	1st year of life	Primary Course of diphtheria, tetanus, whooping cough, and polio	846
Infant Welfare Clinics	1st year of life	Primary course of diphtheria, tetanus and polio	20
Infant Welfare Clinics	Pre-School	Measles/Mumps/Rubella	819
Schools	5 years	Measles/Mumps/Rubella	6
Schools	5 years	Diphtheria/tetanus booster	808
Schools	5 years	Polio booster	858
Schools	5 years	Completed primaries	12
Schools	11+ years	Rubella (girls only)	405
Schools	13+ years	Tetanus booster	694
Schools	13+ years	Polio booster	722
Schools	13+ years	BCG	117
Health Centre	All ages	Heaf tests	78
Health Centre	All ages	BCG	73

TABLE 8 - 2.8

1992 - Summary of Heaf (tuberculin) test results (13-year-old school children)

Reaction in previously BCG vaccinated pupils						Reaction in unvaccinated pupils					
Negative	1	2	3	4	Total	Negative	1	2	3	4	Total
65	29	554	12	-	660	40	8	69	3	-	120

SPEECH & LANGUAGE THERAPY

TABLE 8 - 3.1

Table of Sessions

VENUE	NO OF WEEKLY SESSIONS					TYPE OF PATIENT	TYPE OF DISORDER
	1989	1990	Jan-Aug 1991	From Sept 1991	1992		
Le Bas Centre	18	15	15	23	23	Pre-school and school children Adult Out-patients	Language, e.g. delay Artic., e.g. delay Voice - cleft palate Feeding - Swallowing
General Hospital						Adult ward patients	Language, e.g. stroke Artic. - MS. Voice - Laryngectomy Fluency - Parkinsonism Feeding - Swallowing.
Communicare	3	2	2	3	3	Mostly children	As above.
Poplars	6	9	9	9	9	Adults and children.	As above.
Overdale	-	3	3	3	3	Adults, ward patients	As above.
Mont a l'Abbe School	9	5	5	9	9	Pre-school and school children	Special needs.
Bel Royal School	2	1	1	2	2	School Children	Physical Handicap
Rouge Bouillon School	1	1	1	2	-	Pre-school and school children	Hearing impaired
Grouville School	-	-	-	-	2	School children	Hearing impaired
Le Geyt Centre	1	1	1	2	2	Adults	Learning difficulties
Aviemore	-	3	3	3	4	Pre-school and school children	Language delay disorder
Other - school visits, etc.	-	-	-	1	-		Language delay disorder

TABLE 8 - 3.2

Number of Pre-School and School Age Children Seen 1986-1992

No of Therapists	Year	Pre-School		School Age		Total	
		M	F	M	F	M	F
3	1986	619	230	1403	918	2022	1148
3	1987	642	289	1392	970	2034	1259
4 (1 extra in July)	1988	774	353	1527	1005	2301	1358
4.2 (Extra sessions in July)	1989	881	438	1443	1381	2324	1819
3.5 (Extra 5 sessions in Oct & Dec)	1990	1088	768	1102	508	2190	1276
5.7 (2 extra in September)	1991	1203	884	1474	788	2677	1670
5.7	1992	1818	809	2025	896	3843	1705

TABLE 8 - 3.3

Total attendances by Children 1986 - 1992

	1986	1987	1988	1989	1990	1991	1992
Patients treated	314	321	314	408	360	545	682
Attendances	3170	3293	3659	4143	3466	4347	5548

TABLE 8 - 3.4

Number of adult attendances 1986 - 1992

Number of Therapists	Year	Patients		Total
		M	F	
3	1986	968	815	1,783
3	1987	1063	981	2,044
4 (1 extra in July)	1988	1104	1019	2,123
4.2 (1 extra in July)	1989	1191	1125	2,316
3.5 (.5 extra in October and December)	1990	699	707	1406
5.7	1991	741	790	1531
5.7	1992	779	785	1564

FAMILY PLANNING SERVICE

TABLE 8 - 4.1

Clinic Attendances 1988 - 1992

Year	New Patients	Repeat Attendances	Total
1988	334	1,280	1,614
1989	288	1,156	1,444
1990	363	1,250	1,613
1991	651	1,988	2,639
1992	620	2,101	2,721

TABLE 8 - 4.2

Clinic attendances broken down by residency and age group

Age Bands	Under 16	16 - 19	20 - 24	25 - 29	30 - 39	40 +	Totals
Resident	60	435	580	576	576	130	2,357
Seasonal	1	61	189	85	24	4	364
Total Attendances	**61**	**496**	**769**	**661**	**600**	**134**	**2,721**

TABLE 8 - 4.3

Attendance and breakdown of treatments given by age groups

** Some clients received more than one treatment and others no treatment

Age	Comb. Pill	Mini Pill	Coil	Cap	Injection	Post Coital	Pregnancy Tests	Discussion	Totals **
Under 16	30	-	-	-	2	12	10	8	62
16-19	365	9	1	3	1	52	27	39	497
20-24	551	18	11	22	38	27	32	54	753
25-29	469	44	13	23	16	17	27	54	663
30-39	330	80	54	34	5	5	11	78	597
Over 40	34	54	19	3	4	-	2	17	133
** Totals	1779	205	98	85	66	113	109	250	2705

WELL WOMAN SERVICE

TABLE 8 - 5.1

Results of Cervical Smears in Age Groups - 1992

Age Group	Total Seen	Normal Smears		Pre-Cancerous Condition		
		First Ever	Routine	*C.I.N.I Repeat Smear	*C.I.N.II Gynaecological Referral	*C.I.N.III
Under 20	31	16	14	1	-	-
20 - 24	125	50	71	2	2	-
25 - 29	140	40	97	1	2	-
30 - 34	96	9	87	-	-	-
35 - 39	164	17	143	1	3	-
40 - 44	230	17	212	-	1	-
45 - 49	193	13	176	4	-	-
50 - 54	164	3	161	-	-	-
55 - 59	142	2	140	-	-	-
60 - 64	38	-	38	-	-	-
65 +	4	-	4	-	-	-
TOTALS	1,327	167	1,143	9	8	-

* C.I.N. = Cervical Intraepithelial Neoplasia.

TABLE 8 - 5.2

Breast examination & blood pressure checks

Age Groups	Total Number Seen	Number referred to GP with raised blood pressure	Number referred to GP with breast abnormality
Under 20	26	-	-
20 - 29	268	3	-
30 - 39	258	6	5
40 - 49	442	23	7
50 - 59	350	21	1
60 and over	324	20	-
Totals	**1,668**	**73**	**13**

MAMMOGRAPHY SCREENING SERVICE

TABLE 8 - 6.1

1990 - 1992

	No	%.
Total number of women aged 50 -64 years (1991 Census)	6,446	100%.
Total number of women invited for mammograms	5,158	80%.
No of women who have attended for mammograms	4,680	73%.
No of women who did not wish to attend, or had left the Island	478	7%.

OCCUPATIONAL MEDICAL SERVICE

TABLE 8 - 7.1
Occupational Medical Examinations carried out in 1992

States Departments	59
Teacher Trainees	2
Private Companies	49
Total	**110**

IMMUNISATION CLINIC

TABLE 8 - 8.1

Number and type of prophylaxis provided at clinic

BCG	82
Cholera	214
Gamma Globulin	938
Hepatitis A	54
Hepatitis B	526
Heaf Test	104
Meningococcal Meningitis	159
Poliomyelitis	663
Rabies	15
Tetanus	552
Typhoid	1,180
Yellow Fever	355
TOTALS	4,842

SPECIAL CLINIC

TABLE 8 - 9.1

Comparison of total attendances 1987 - 1992

1987	1988	1989	1990	1991	1992
1,737	1,335	1,110	876	944	777

TABLE 8 - 9.2

Number of attendances by sex - new and old cases - 1992

	Males			Females			Both Sexes		
	New	Old	Total	New	Old	Total	New	Old	Total
Total 1992	133	382	515	85	177	262	**218**	**559**	**777**

TABLE 8 - 9.3

New conditions classified by age and sex - 1992

	Under 20		20 - 24		Over 25		Total		Total Both Sexes
	M	F	M	F	M	F	M	F	
Early Syphilis	-	-	-	-	-	-	-	-	-
Gonorrhoea	-	1	2	-	-	-	2	1	3
Chlamydia	-	-	-	-	3	-	3	-	3
Non-Specific Urethritis	-	2	7	4	14	-	21	6	27
Trichomonas	-	-	-	-	-	-	-	-	-
Gardnerella	-	-	-	2	-	3	-	5	5
Candida	-	1	-	4		5	-	10	10
Pediculosis	1	-	4	-	2	-	7	-	7
Primary Herpes	-	1	1	2	1	1	2	4	6
Recurrent Herpes	1	-	1	-	3	-	5	-	5
Warts	-	4	7	9	16	8	23	21	44
Recurrent Warts	-	-	5	-	3	2	8	2	10
HIV & Hep.B. Test	-	-	-	-	-	-	32	29	61
Other Conditions	1	4	13	8	12	8	26	20	46
No Infection	1	-	7	3	2	4	10	7	17
Referred Elsewhere	-	-	-	-	-	-	-	-	-
Totals *							139	105	244

*One patient may have several conditions at the same time.

TABLE 8-9.4

SPECIAL CLINIC GRAPH
New Cases 1963 - 1992

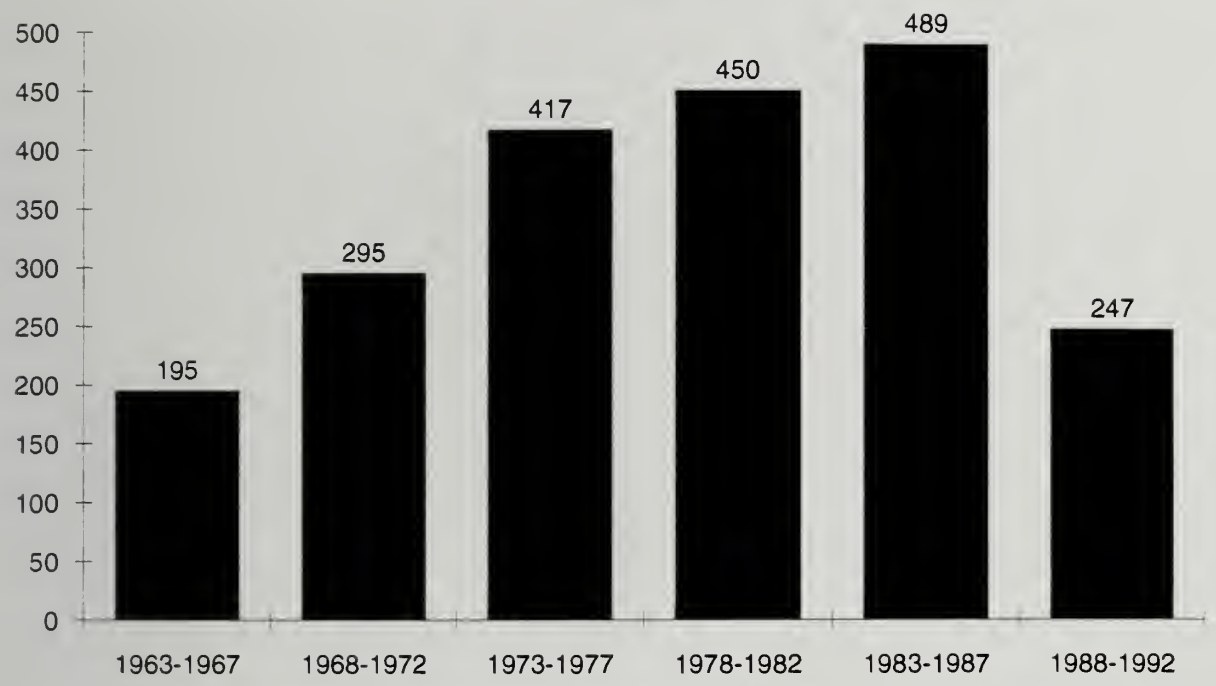


TABLE 8 - 9.5

HIV AND AIDS
Cumulative figures 1985 - 1992

TRANSMISSION	DISEASE STATE					
	Unknown	Asympt.	Sympt.	CDC IV	Deaths	**TOTAL**
Homosexual/bisexual	3	5	0	1	3	**12**
IVDM *	6	1	0	0	1	**8**
Heterosexual	0	1	1	0	0	**2**
Others	1	1	0	1	3	**6**
TOTALS	**10**	**8**	**1**	**2**	**7**	**28**

* Intravenous drug misuse

These figures are based on information available to the laboratory through specimens received for either initial diagnosis or follow up.

Section 9 - Miscellaneous

MISCELLANEOUS

TABLE 9 - 1

Analysis of all cancer cases registered in 1992

Classification No	Site	Males	Females	Totals
	BUCCAL CAVITY & PHARYNX 140-149			
142	Salivary Gland	-	1	1
144	Floor of mouth	-	1	1
145	Other & unspecified parts of mouth	-	2	2
146	Oropharynx	2	-	2
	DIGESTIVE ORGANS & PERITONEUM 150-159			
150	Oesophagus	13	4	17
151	Stomach	9	8	17
152	Small intestine, including duodenum	-	1	1
153	Large intestine, except rectum	12	17	29
154	Rectum & rectosigmoid junction	10	5	15
155	Liver & intrahepatic bile duct, specified as primary	2	2	4
156	Gall bladder and bile ducts	-	1	1
157	Pancreas	13	10	23
	RESPIRATORY SYSTEM 160-163			
160	Nose, nasal cavities, middle ear & accessory sinuses	2	1	3
161	Larynx	5	1	6
162	Trachea, bronchus & lung	65	39	104
	BONE, CONNECTIVE TISSUE, SKIN & BREAST 170 - 174			
172	Melanoma of skin	2	7	9
173	Other malignant neoplasm of skin	18	10	28
174	Breast	1	55	56
	GENITO-URINARY ORGANS 180-189			
180	Cervix uteri	-	16	16
182	Other malignant neoplasm of uterus	-	5	5
183	Ovary, fallopian tube & broad ligament	-	11	11
185	Prostate	17	-	17
186	Testes	1	-	1
188	Bladder	12	2	14
189	Other & unspecified urinary organs	6	-	6
	OTHER & UNSPECIFIED SITES 191-199			
190	Eye	1	-	1
191	Brain	5	1	6
193	Thyroid gland	-	2	2
194	Other endocrine glands	1	-	1
195	Ill-defined sites	1	3	4
198	Other secondary malignant neoplasm	1	-	1
199	Malignant neoplasm without specification of site	12	11	23
	LYMPHATIC & HAEMATOPOIETIC TISSUE 200-209			
201	Hodgkins disease	-	1	1
202	Other neoplasms of lymphoid tissue	2	1	3
203	Multiple myeloma	1	4	5
204	Lymphatic leukaemia	1	3	4
205	Myeloid leukaemia	1	3	4
207	Other unspecified leukaemia	1	-	1
209	Myelofibrosis	1	-	1
	TOTAL	218	228	446

Section 10 - Welfare of the Elderly

WELFARE OF THE ELDERLY

TABLE 10 - 1

People placed in residential homes by the Public Health Committee 1971 - 1992

Year	Males	Females	Total
1971	25	115	140
1981	31	104	135
1987	43	143	186
1988	49	172	221
1989	46	173	219
1990	54	169	223
1991	63	150	213
1992	57	176	233

Section 11 - Communicable Diseases

COMMUNICABLE DISEASES

TABLE 11 - 1

Communicable diseases (other than tuberculosis) notified in 1992

International Code	Disease	Notification
003	Salmonella infections (other than typhoid and paratyphoid)	42
005	Food poisoning (unspecified)	32
009	Gastroenteritis	10
033	Whooping cough	8
035	Scarlet fever	3
070	Infective hepatitis	5 (3A & 2B)
075	Glandular fever	3

TABLE 11 - 2

Tuberculosis cases notified in 1992

Type	Males	Females	Totals
Pulmonary	5	3	8
Non-Pulmonary	-	-	-
TOTALS	5	3	8

Section 12 - Registrations with the Public Health Committee

REGISTRATIONS WITH THE PUBLIC HEALTH COMMITTEE
TABLE 12 - 1

RESIDENTIAL CARE HOMES

Registered under the Old Persons Homes (Registration) (Jersey) Law, 1964 as at 1st January, 1992

	Maximum Number of Residents
St Helier Community Services Board:	
St Helier House, Westmount	58
Maison de Ville, La Pouquelaye	50
Gardner House, Clarence Road	26
St Brelade Parish:	
Maison St Brelade, Petite Route des Mielles	51
Admar, Maudelaine Estate, St Brelade	6
Peirson House, Longueville, St Saviour	37
Caesarea Association:	
Windsor House, Val Plaisant, St Helier	9
Cambrette, Coast Road, St Clement	21
Cranworth, Vallée des Vaux, St Helier	27
Field House, Route du Sud, La Moye, St Brelade	12
Glanville Home for Aged and Infirm Women (Inc.):	
St Mark's Road, St Saviour	36
Glenferrie, 24 Peirson Road, St Helier	11
Ingleby Residential Home, Clos du Bas, Bellozanne Road, St Helier	15
Jubilee Villa, Clairvale Road, St Helier	4
La Haule Residential Home, Route des Iles, St Brelade	41
La Rocque Residential Home, St Clement's Coast Road, La Rocque, St Clement	18
La Villa Rothesay, Victoria Crescent, St Helier	21
La Ville a l'Eveque House, Trinity	7
Les Houmets, Gorey Village, Grouville	33
Little Sisters of the Poor, Jeanne Jugan Residence New St John's Road, St Helier	80
Longfields, Rue du Bocage, St Peter	19
Methodist Homes for the Aged:	
Maison La Corderie, Green Street, St Helier	32
Stuart Court, Rue de Haut, St Lawrence	29
Morley House, Aubin Lane, Bagot, St Saviour	21
Seabright, Gorey Hill, St Martin	8
Springbank, Vallée des Vaux, St Helier	50
Tendercare Rest Home, Fauvic House, Grouville	15

TABLE 12 - 2

NURSING HOMES

Registered under the Nursing Homes (Registration) (Jersey) Law, 1960 as at 1st January, 1992

	No. of beds
Beauport Nursing Home, Route des Genets, St Brelade	36
Bon Air Nursing Home, Bon Air Lane, St Saviour	38
Jersey Hospice Care:	
Clarkson House, Rue de la Haie du Puits, Grouville	5
Clifton Nursing Home, Bagatelle Lane, St Saviour	26
Guardian Nursing Home, La Rigondaine, Grouville	35
Maison Variety, Five Oaks, St Saviour	22
Palm Springs Nursing Home, Trinity Hill, St Helier	21
Vermont Nursing Home, Rue des l'Isles, La Haule, St Brelade	40

TABLE 12 - 3

NURSING AGENCIES

Registered under the Nursing Agencies (Jersey) Law, 1978 as at 1st January, 1992

Apex Nursing Agency La Villa Rothesay Victoria Crescent, St Helier	Mr Stephen Beck and Mrs Jacqueline Beck
Beauport Nursing and Home Aid Agency (1986) Ltd Beauport Nursing Home Route des Genets, St Brelade	Beauport Nursing Home (1986) Ltd
Clifton Home Care Services Clifton Nursing Home Bagatelle Lane, St Saviour	Clifton Nursing Home Ltd
Guardian Nursing Agency Guardian Nursing Home La Rigondaine, Grouville	Guardian Nursing Services Ltd
Miss M A Savage, 5 Ocean View Court Mont Pinel, St Helier	Miss M A Savage
Osbourne Nursing Agency Okanagan Le Hocq Lane, St Clement	Osbourne Nursing Agency Ltd

TABLE 12 - 4

ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT

Registered under the Establishment for Massage and Special Treatment (Licensing) (Jersey) Law, 1938, as at 1st January 1992

PHYSIOTHERAPY

Mr Paul Deveney & Mrs Morag Obarska	20 David Place, St Helier
Mr Charles P Hunt & Mrs Esme Hunt	Orchard Corner, La Route du Fort, St Helier
Miss Diana J Raven	Solanito, Park Estate, St Brelade
Mr J A Westcott	Grand Court, Dongola Road, St Helier

CHIROPODY

Mr Alun P G Bennett	6 Royal Crescent, St Helier
Mr Alun P G Bennett	The Surgery, Le Riches Stores, St Brelade
Miss Karen J Bille-Campbell	19 Midvale Road, St Helier
Miss Rosemary Brown & Mrs J Harwood	Clovelly, 24 West Park Avenue, St Helier
Mrs N Brown	Tamarin, Clos Fromental, Le Hocq, St Clement
Miss Louise S da Silva	13 David Place, St Helier
Mrs Tina H Tidy	2 Peirson Road, St Helier
Mr Martin L Huelin	20 Sand Street, St Helier
Mr M Huelin	Fernlea Surgery, Rue des Sablons, Fauvic, Grouville
Mrs Eunice D Le Gresley	The Surgery, Holmside, Rue Messervy, St Saviour

CHIROPRACTICE

Mr Brian Bolderston	Jersey Chiropractic Clinic, 12 Hill Street, St Helier

DENTAL HYGIENISTS

Miss V Hepworth-Taylor	Les Monnieres, Trinity
Mrs E A Forbes	Sunnydale, La Grande Rue, St Mary

SAUNA, SOLARIA, ETC

Almeida Hair & Beauty Salon	Grand Hotel, St Helier
Apollo Hotel	St Saviour's Road, St Helier
Atlantic Hotel	The Palm Club, La Moye, St Brelade
Body Shapers	Primrose Hill, Bon Air Lane, St Saviour
Mrs Diane Canavan	Sienna, Route Orange, St Brelade
Chelsea Hotel	Gloucester Street, St Helier
David Place Beauty Clinic	17 David Place, St Helier
Diana's Health & Beauty Clinic	10 St James Street, St Helier
Dimensions Hair & Beauty Salon	46-52 King Street, St Helier
The Energy Stores	St Aubin's House, Bath Street, St Helier
Mr M Falle	Notre Chemin, Petite Route des Mielles, St Brelade
Fit for Life Studio	19 Colomberie, St Helier
Fort Regent Leisure Centre	Fort Regent, St Helier
Giselle	1 Marett House, Roseville Street, St Helier
Hair & Beauty	7 Halkett Street, St Helier
Hatley's	23 Beresford Street, St Helier
Heads Together	7 Seale Street, St Helier
Highfield Country Hotel	Trinity
Hotel Bergerac	Portelet Bay, St Brelade
Hotel de la Plage	Havre des Pas, St Helier
Hotel de Normandie	Havre des Pas, St Helier
Hotel l'Hermitage	Beaumont, St Peter
Hotel l'Horizon	St Brelade
Image Hair & Beauty Centre	36 The Parade, St Helier
Jersey Holiday Village	Portelet Bay, St Brelade
Kirsten Sand Beauty Salon	Industria House, St Brelade
Kirsten Sand Beauty Salon	House of Dupre, Bath Street, St Helier
La Place Hotel	St Brelade
Le Mourier Hydrotherapy	Le Grand Mourier House, St John
Les Arches Hotel	Archirondel, St Martin
Lido Health & Fitness Centre	Hotel de France, St Saviour's Road, St Saviour
Mr R MacDonald	1 Romany Villas, St Aubin's Road, St Helier
Mayfair Hotel	Brooklyn Road, St Helier
Mermaid Hotel	St Peter
Old Court House Hotel	Grouville
Renaissance	Hotel de France, St Saviour's Road, St Helier
Rio Hair & Body Centre	15 Burrard Street, St Helier
Royal Brees Hotel	David Place, St Helier
St Brelade's Bay Hotel	St Brelade
Shapers Hair & Beauty	Maison Le Riche, St Brelade
Silver Springs Hotel	Route des Genets, St Brelade
Studio Soleil Health & Beauty Centre	11 Stopford Road, St Helier
Swansons Hotel	Esplanade, St Helier
Talana Private Hotel	Bagot Road, St Saviour
Tanfast	10a Beresford Street, St Helier
Mrs S E Taylor	Las Canadas, 9 Clos du Maitland, St Clement
Top to Toe Beauty Ltd	7 Peter Street, St Helier
Votre Beaute	17 Duhamel Place, St Helier
Water's Edge Hotel	Bouley Bay, Trinity
Westhill Hotel	Mont a l'Abbe, St Helier
Willows Guest House	Grands Vaux, St Saviour